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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease
State ☒ Fee ☐
5. State Oil & Gas Lease No.
B-7766

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO RE-OPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐	7. Unit Agreement Name
2. Name of Operator Getty Oil Company	8. Farm or Lease Name State "R"
3. Address of Operator Drawer DD, Levelland, Texas 79336	9. Well No. 5
4. Location of Well UNIT LETTER <u>N</u> <u>330</u> FEET FROM THE <u>South</u> LINE AND <u>2310</u> FEET FROM THE <u>West</u> LINE, SECTION <u>36</u> TOWNSHIP <u>16S</u> RANGE <u>36E</u> N.M.P.M.	10. Field and Pool, or Wildcat Lovington Abo
11. Elevation (Show whether DF, RT, CR, etc.) 3843	12. County Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☒	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOBS ☐	

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1503.

- POH w/hydraulic pump.
- Perf 5-1/2" OD casing 1 shot per interval @ 8184, 8190, 8200, 8214, 8230, 8236, & 8247. 7 holes.
- RIH w/treating packer on tubing. Set packer @ 8150'±.
- Treat w/3000 15% NEFE w/ball sealers - ball out. Swab & test.
- Treat w/8000 gals 20% retarded acid in 4 stages w/water sensitive blocking polymers between stages.
- Swab load back.
- GIH w/elec. submersible pump. Put on production.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED Ernest P. Morales Ernest P. Morales TITLE Area Engineer DATE 10-13-80

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: