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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

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

3-NMOCC
1-File

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. B-7897

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.
USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator GETTY OIL COMPANY	8. Farm or Lease Name STATE "P"
3. Address of Operator P.O. BOX 249, HOBBS, NEW MEXICO 88240	9. Well No. 5
4. Location of Well UNIT LETTER M 330 FEET FROM THE SOUTH LINE AND 330 FEET FROM THE WEST LINE, SECTION 32 TOWNSHIP 16-S RANGE 37-E NMPM.	10. Field and Pool, or Wildcat LOVINGTON PADDOCK
15. Elevation (Show whether DF, RT, GR, etc.)	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 <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	
		OTHER NIO WELL <input checked="" type="checkbox"/>	

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 1103.

The well is uneconomical to operate. It may become economical at a later date.
There are other wells on the lease.

This well has been shut-in since 4-1-70.

Expires 11/1/75

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

SIGNED **C.L. Wade** TITLE **AREA SUPERINTENDENT** DATE **10-22-74**

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

WLC/bb