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# NEW MEXICO OIL CONSERVATION COMMISSION

4-NMOCC

1-File

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

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. <b>E-7653</b>
7. Unit Agreement Name
8. Farm or Lease Name <b>State "AN"</b>
9. Well No. <b>3</b>
10. Field and Pool, or Wildcat <b>Vacuum Abo</b>
12. County <b>Lea</b>

## 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"/>
2. Name of Operator <b>GETTY OIL COMPANY</b>
3. Address of Operator <b>P. O. Box 249, Hobbs, New Mexico 88240</b>
4. Location of Well UNIT LETTER <b>G</b> <b>1650</b> FEET FROM THE <b>North</b> LINE AND <b>2310</b> FEET FROM THE <b>East</b> LINE, SECTION <b>7</b> TOWNSHIP <b>18S</b> RANGE <b>35E</b> NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) <b>3970 Gr.</b>

16.

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

### NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☒  
TEMPORARILY ABANDON ☐  
PULL OR ALTER CASING ☐  
OTHER ☐

PLUG AND ABANDON ☐  
CHANGE PLANS ☐  
OTHER ☐

### SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐  
COMMENCE DRILLING OPNS. ☐  
CASING TEST AND CEMENT JOBS ☐  
OTHER ☐  
ALTERING CASING ☐  
PLUG AND ABANDONMENT ☐

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.

This well is currently producing 145 BOPD, 2/10% water with 150# tubing pressure. Top allowable for February is 174 BOPD. The initial completion was made with a through tubing jet gun, perforating two separate intervals, the lower of which did not break down with mud acid. It is proposed to reperforate the lower interval with a cased gun for maximum penetration and acidize both intervals separately.

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

Original Signed By

SIGNED **C. L. WADE**

TITLE **Area Superintendent**

DATE **2-15-68**

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: