

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

O+2 - NMOCD - P.O. Box 1980 1 - Foreman  
Hobbs, NM 88240 1 - WIO's  
1 - Engr. 1 - File

Form C-103  
Revised 10-1-78

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

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 <input checked="" type="checkbox"/> WELL GAS <input type="checkbox"/> WELL OTHER- <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Getty Oil Company	8. Farm or Lease Name State AN
3. Address of Operator P.O. Box 730 Hobbs, NM 88240	9. Well No. 4
4. Location of Well UNIT LETTER H 1650' FEET FROM THE North LINE AND 990' FEET FROM THE East LINE, SECTION 7 TOWNSHIP 18S RANGE 35E NMPM.	10. Field and Pool, or Wildcat Vacuum Abo
15. Elevation (Show whether DF, RT, GR, etc.) 3975' DF	12. County Lea

16.

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER Acidize <input checked="" type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOBS <input type="checkbox"/>	
OTHER <input 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.

1. Rig up pulling unit.
2. Install BOP.
3. Pull submersible pump.
4. RIH with bit and scrapper.
5. Acidize well.
6. Swab load.
7. Run pump back into hole.
8. Return to production.

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

SIGNED Dele R. Crockett TITLE Area Superintendent DATE October 14, 1981

Orig. Signed by  
Jerry Sexton

APPROVED BY Dist 1, Supv.

TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: