

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501
3-NMOC-D-Hobbs 1-EF-Foreman
1-PS-Engr. 1-BB
1-File

Form C-103
Revised 10-1-78

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease
State ☒ Fee ☐
5. State Oil & Gas Lease No.
E-7653

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- 2. Name of Operator Getty Oil Company 3. Address of Operator P.O. Box 730, Hobbs, New Mexico 88240 4. Location of Well UNIT LETTER J, 2310 FEET FROM THE South LINE AND 2310 FEET FROM THE East LINE, SECTION 7 TOWNSHIP 18-S RANGE 35-E N.M.P.M. 15. Elevation (Show whether DF, RT, GR, etc.) 3977' D.F.	7. Unit Agreement Name 8. Farm or Lease Name State "AN" 9. Well No. 5 10. Field and Pool, or Wildcat Vacuum Abo, Reef 12. County Lea
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16.

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ OTHER ☐

SUBSEQUENT REPORT OF:

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

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.

9/19/81 - With packer, set @ 8520'. Western Company acidized down casing using 6,000 gals. 15% NE and 200 ball sealers. Acidized Abo perms. 8710-8973'. Placed well back on production.

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

SIGNED Dale R. Crockett TITLE Area Superintendent DATE October 8, 1981

APPROVED BY Jerry S. Sager TITLE Dist. 1, Sager DATE

CONDITIONS OF APPROVAL, IF ANY: