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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

3-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.	
7. Unit Agreement Name	
8. Farm or Lease Name	
STATE "B"	
9. Well No.	
2	
10. Field and Pool, or Wildcat	
HOBBS GRAYBURG SA	
12. County	
LEA	

**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 ☒ GAS WELL ☐ OTHER-

2. Name of Operator  
**GETTY OIL COMPANY**

3. Address of Operator  
**P.O. BOX 249, HOBBS, NEW MEXICO 88240**

4. Location of Well  
UNIT LETTER **G**, **2310** FEET FROM THE **North** LINE AND **1650** FEET FROM  
THE **East** LINE, SECTION **14** TOWNSHIP **18-S** RANGE **37-E** NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)  
**3697D.F.**

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 JOB <input type="checkbox"/>	OTHER <b>PLACE WELL IN OPERATION</b> <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.

**Ran tubing and rods, and put well on pump 6-15-74.**

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

ORIGINAL SIGNED COPY

SIGNED **C. L. Wade:** C. L. Wade TITLE **AREA SUPERINTENDENT** DATE **June 17, 1974**

APPROVED BY WLG/bh TITLE \_\_\_\_\_ DATE JUN 19 1974

CONDITIONS OF APPROVAL, IF ANY:

**WLG/bh**