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# 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. <b>B-1533-1/2</b>
7. Unit Agreement Name
8. Farm or Lease Name <b>EAST EUMONT UNIT</b>
9. Well No. <b>6</b>
10. Field and Pool, or Wildcat <b>EUMONT QUEEN</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 ☒ 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 **I**, **1980** FEET FROM THE **SOUTH** LINE AND **660** FEET FROM THE **East** LINE, SECTION **33** TOWNSHIP **18-S** RANGE **37-E** NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)

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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER <b>NIO WELL</b> <input checked="" type="checkbox"/>

7. 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.

Well shut in 8-1-75. This well will be returned to active status as the North Segment is developed for waterflood.

*Expires 11-1-76*

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** **C. L. Wade** TITLE **AREA SUPERINTENDENT** DATE **10-20-75**

PROVED BY **C. L. Wade** TITLE **AREA SUPERINTENDENT** DATE **10-20-75**

CONDITIONS OF APPROVAL, IF ANY:

WLG/bh