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LAND OFFICE		
OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION

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

3-NMOCC
1-FILE

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. B-1533 1/2	

<p align="center">SUNDRY NOTICES AND REPORTS ON WELLS</p> <p align="center">(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.)</p>		
1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name	
2. Name of Operator GETTY OIL COMPANY	8. Farm or Lease Name EAST EUMONT UNIT	
3. Address of Operator P.O. BOX 249, HOBBS, NEW MEXICO 88240	9. Well No. 5	
4. Location of Well UNIT LETTER J , 1980 FEET FROM THE SOUTH LINE AND 1980 FEET FROM THE EAST LINE, SECTION 33 TOWNSHIP 18-S RANGE 37-E NMPM.	10. Field and Pool, or Wildcat EUMONT QUEEN	
15. Elevation (Show whether DF, RT, GR, etc.)		12. County LEA

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 ☐

SUBSEQUENT REPORT OF:

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

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 1703.

THIS WELL WILL BE RETURNED TO ACTIVE STATUS AS THE NORTH SEGMENT IS DEVELOPED FOR WATERFLOOD IN THE NEAR FUTURE.

This well has been shut-in since 1965.

Expires 11/1/75

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

SIGNED **C.L. WADE**

TITLE **AREA SUPERINTENDENT**

DATE **OCTOBER 21, 1974**

APPROVED BY

*Orig. Signed by
Joe D. [unclear]
Dist. [unclear]*

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

WLG/bh