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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	
Q State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/> XX
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 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 H. D. MC KINLEY	
3. Address of Operator P.O. BOX 249, HOBBS, NEW MEXICO 88240		9. Well No. 6	
4. Location of Well UNIT LETTER G, 1980 FEET FROM THE NORTH LINE AND 1650 FEET FROM THE EAST LINE, SECTION 30, TOWN 18S, RANGE 38-E, NMPM.		10. Field and Pool, or Wildcat BOWERS DEVEN RIVERS	
15. Elevation Show whether DF, RT, GR, etc.		12. County LEA	

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 <input 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 JOB <input type="checkbox"/>	NIO WELL <input checked="" type="checkbox"/> XX

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.

The well is uneconomical to operate. However, it may become economical after the North Hobbs Grayburg San Andres Unit is formed.

This well has been shut-in since 4-1-70.

Expires 11/1/75

18. 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 10-22-74

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

WLG/bh