

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

3-MOCC
1-File

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

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 <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator GETTY OIL COMPANY	8. Farm or Lease Name STATE AN
3. Address of Operator P.O. Box 249, Hobbs, New Mexico 88240	9. Well No. 9
4. Location of Well UNIT LETTER I 1650 FEET FROM THE South LINE AND 330 FEET FROM THE East LINE, SECTION 7 TOWNSHIP 18S RANGE 35E N.M.P.M.	10. Field and Pool, or Wildcat Vacuna Devonian
15. Elevation (Show whether DF, RT, GR, etc.) 3975 DF	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 ☐
OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
OTHER ☐

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.

It is proposed to P & A this well as follows:

Lay 25 sack Class C Cement Plug from 7190 to 6940'.
Pull Tubing to 6700', displace hole with mud.
Cut off 5 1/2" Casing (Est. @ 5500') and Pull
Cut off 8 5/8" Casing (Est. @ 450') and Pull
Lay 25 sack Class C Cement Plug in and Out of 5 1/2" Stub
Lay 25 Sack Class C Cement Plug from 4875' to 4775'
Lay 50 Sack Class C Cement Plug from 475' to 425'
Lay 50 Sack Class C Cement Plug from 360 to 310'
Lay 10 Sack Class C Cement Plug @ Surface

Set Marker and Clean Location.

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**

TITLE **Area Superintendent**

DATE **November 11, 1969**

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: