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NEW MEXICO OIL CONSERVATION COMMISSION

3-NMOCC
1-File

Sa. Indicate Type of Lease

State ☐   Fee **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 **X**   GAS WELL ☐   OTHER-

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.

9

4. Location of Well

UNIT LETTER **G** , **2235** FEET FROM THE **No** LINE AND **2310** FEET FROM

THE **East** LINE, SECTION **30** TOWNSHIP **18 S** RANGE **38 E** NMPM.

10. Field and Pool, or Wildcat

Hobbs Blinebry-Drk.

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

11. County

Lea

16.

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK **X**

TEMPORARILY ABANDON ☐

PULL OR ALTER CASING ☐

PLUG AND ABANDON ☐

CHANGE PLANS ☐

OTHER _____ ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

COMMENCE DRILLING OPNS. ☐

CASING TEST AND CEMENT JOB ☐

OTHER _____

ALTERING CASING ☐

PLUG AND ABANDONMENT ☐

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting and proposed work) SEE RULE 1103.

The Drinkard perforations 6927-6965' is presently pumping 55 to 60 BOPD. It is proposed to additionally perforate the Drinkard Zone 6858 to 6903' and treat new perforations with 5,000 gallons 15% acid, and overflush with 5,000 gallons treated water.

It is also proposed to re-treat the present Blinebry perforations 5823-5908' with 5,000 gallons 15% acid.

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

Original Signed By
C. L. WADE

SIGNED _____   TITLE **Area Superintendent**   DATE **January 20, 1970**

APPROVED BY _____   TITLE _____   DATE JAN 26 1970

CONDITIONS OF APPROVAL, IF ANY: