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NEW MEXICO OIL CONSERVATION COMMISSION

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

5a. Indicate Type of Lease State <input type="checkbox"/> Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.
7. Unit Agreement Name
8. Farm or Lease Name H. D. McKinley
9. Well No. 9
10. Field and Pool, or Without Undesignated
12. County Lea

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"/>
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 G 2235 FEET FROM THE North LINE AND 2310 FEET FROM THE East LINE, SECTION 30 TOWNSHIP 18S RANGE 38E NMPM.
11. Elevation (Show whether DB, RT, GR, etc.)

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 checked="" type="checkbox"/>	OTHER <input type="checkbox"/>

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.

Drilled 12-1/4" hole to 3855'. Set 9-5/8" 36# J-55 casing at 3851'. Cemented with 1548 sacks Class "C" light Pos with 1/4# Celloflake, 5# Kolite and 5# salt per sack and 4% Gel and 200 sacks Class "C" with 3# salt per sack. Circulated an estimated 210 sacks cement. WOC 24 hours, tested 9-5/8" casing with 950#, no drop in pressure.

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 Supt.**

DATE **8/5/69**

APPROVED BY

TITLE

DATE **AUG 8 1969**

CONDITIONS OF APPROVAL, IF ANY: