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NEW MEXICO OIL CONSERVATION COMMISSION
3-MOCC
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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. Mc Kinley
9. Well No.	10
10. Field and Pool, or Wildcat	Undesignated
12. County	Lea

SUNDRY NOTICES AND REPORTS ON WELLS
DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEX 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 B 405 FEET FROM THE North LINE AND 2272 FEET FROM THE East LINE, SECTION 30 TOWNSHIP 18 S RANGE 38 E N.M.P.M.
15. Elevation (Show whether DF, RT, GR, etc.) 3657 GL

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.

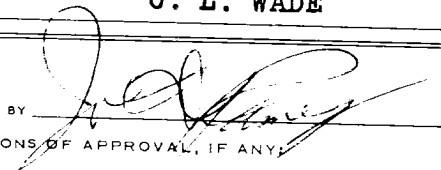
Drilled 11" hole to 3850'. Set 8-5/8" 24 and 32# J-55 Casing at 3849'. Cemented w/ 1250 sacks 50-50 pozzex Class "C" with 5# salt per sack. Temperature survey indicated top of cement at 600' from top. WOC 24 hours, tested 8-5/8" casing with 1350# for 30 minutes, no drop in pressure.

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

Original Signed By

SIGNED **C. L. WADE** TITLE **Area Superintendent**

DATE **10-20-69**

APPROVED BY  TITLE **Area Superintendent**

DATE **OCT 21 1969**

CONDITIONS OF APPROVAL, IF ANY:

/bh