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# NEW MEXICO OIL CONSERVATION COMMISSION

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

3-NMOCC

1-FILE

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
B-1565	

## 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 "BC"	
3. Address of Operator P.O. BOX 249, HOBES, NEW MEXICO 88240		9. Well No. 3	
4. Location of Well UNIT LETTER M, 990 FEET FROM THE SOUTH LINE AND 330 FEET FROM THE WEST LINE, SECTION 33, TOWNSHIP 17-S, RANGE 35-E, NMPM.		10. Field and Pool, or Wildcat VACUUM GLORIETA	
15. Elevation (Show whether DF, RT, GR, etc.)		12. County LEA	

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	NIO WELL <input checked="" 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.

This borehole is being held as a possible replacement of Well No. 1.

This well has been shut-in since 6-21-73.

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