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NEW MEXICO OIL CONSERVATION COMMISSION
3-NMOCC
1-FILE

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

5a. Indicate type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. B-1563
7. Unit Agreement Name
8. Form or Lease Name STATE "BC"
9. Well No. 3
10. Field and Pool or Wildcat VACUUM GLORIETA
11. 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, HORBS, NEW MEXICO 88240
4. Location of Well UNIT LETTER M 990 FEET FROM THE SOUTH 330 FEET FROM WEST 33 17-S 35-E THE _____ LINE, SECTION _____ TOWNSHIP _____ RANGE _____ NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 3965 GR

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 checked="" 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 JOB <input 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.

Frased perforations 6134-48' with 16,926 gals. gelled water (12,726 gals. with sand) and 13,327# of 20-40 sand and 1500 gals. 15% NE acid.

Put well back on pump.

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

C. L. WADE: **C. L. Wade** **AREA SUPERINTENDENT** **4-18-73**

SIGNED _____ TITLE _____ DATE _____

APPROVED BY: *Jessie D. Clements* TITLE _____ DATE _____

CONDITIONAL APPROVAL, IF ANY: _____