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OPERATOR	

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-1565	
7. Unit Agreement Name	
8. Farm or Lease Name	
STATE "BA"	
9. Well No.	
9	
10. Field and Pool, or Wildcat	
VACUUM SAN ANDRES	
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 ☒ GAS WELL ☐ OTHER ☐

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, 660 FEET FROM THE NORTH LINE AND 2310 FEET FROM
THE EAST LINE, SECTION 36 TOWNSHIP 17-S RANGE 34-E NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)
4006 D.F.

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

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <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.

In an attempt to increase production, it is proposed to additionally perforate the San Andres 4371, 87, 94; 4418, 29, 32, 44, 49, 54, 82, 90, 4508, 32 70; and 4579. Treat new perforations with 3,000 gals. 15% HCL NE Acid.

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

SIGNED C.L. Wade TITLE AREA SUPERINTENDENT DATE 12-23-74

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

WLG/bh