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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>E-6574</b>	
7. Unit Agreement Name	
8. Farm or Lease Name <b>EAST EUMONT UNIT</b>	
9. Well No. <b>31</b>	
10. Field and Pool, or Wildcat <b>EUMONT QUEEN</b>	
12. County <b>LEA</b>	

**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**, **800** FEET FROM THE **NORTH** LINE AND **2080** FEET FROM THE **East** LINE, SECTION **10** TOWNSHIP **19-S** RANGE **37-E** NMPM.

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

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"/>	OTHER <input checked="" type="checkbox"/> <b>NIO WELL</b>

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.

Well shut in 8-1-75. This well will be returned to active status as the North Segment is developed for waterflood.

*Expires 11-1-76*

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

SIGNED **C. L. Wade:** **ORIGINAL SIGNED** TITLE **AREA SUPERINTENDENT** DATE **10-22-75**

APPROVED BY **Orig. Signed by** TITLE DATE **OCT 24 1975**

CONDITIONS OF APPROVAL, IF ANY:

WLG/bh