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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-2209	
7. Unit Agreement Name	
8. Farm or Lease Name EAST EUMONT UNIT	
9. Well No. 36	
10. Field and Pool, or Wildcat EUMONT QUEEN	
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 <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 M 660 FEET FROM THE SOUTH LINE AND 660 FEET FROM THE WEST LINE, SECTION 10 TOWNSHIP 19-S RANGE 37-E NMPM.	
15. Elevation (Show whether DF, RT, GR, etc.)	

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 WELL WILL BE RETURNED TO ACTIVE STATUS AS THE NORTH SEGMENT IS DEVELOPED FOR WATERFLOOD IN THE NEAR FUTURE.

This well was shut-in during 1965.

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:
C. L. Wade

SIGNED **C.L. WADE:** TITLE **AREA SUPERINTENDENT** DATE **OCTOBER 22, 1974**

APPROVED BY **Joe D. Barney** TITLE **Dist. I. Supt.** DATE

CONDITIONS OF APPROVAL, IF ANY:

WLG/bh