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NEW MEXICO OIL CONSERVATION COMMISSION

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

5a. Indicate Type of Lease  
State ☒ Fee ☐  
5. State Oil & Gas Lease No.

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 <b>Getty Oil Co.</b>	8. Farm or Lease Name <b>East Eumont Unit</b>
3. Address of Operator <b>Box 249, Hobbs, N. Mex.</b>	9. Well No. <b>55</b>
4. Location of Well UNIT LETTER <b>I</b> <b>1971</b> FEET FROM THE <b>South</b> LINE AND <b>330</b> FEET FROM THE <b>East</b> LINE, SECTION <b>21</b> TOWNSHIP <b>19S</b> RANGE <b>37E</b> NMPM.	10. Field and Pool, or Wildcat <b>Eumont Queen</b>
15. Elevation (Show whether DF, RT, GR, etc.)	12. County <b>Lea</b>

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐  
OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOBS ☐  
OTHER **Convert to Water Injection** ☒

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.

Ran bit and scraper below perforations.

Ran 2-3/8" 4.7# J-55 IPC TK-90 tubing with Guiberson Tension type packer. Set tubing at 3730' and packer at 3699'.

Well will be shut in until construction of Central Waterflood Plant is completed.

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** TITLE **Area Supt.** DATE **4-10-69**

APPROVED BY  TITLE DATE

CONDITIONS OF APPROVAL, IF ANY: