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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 type="checkbox"/>	Fee <input type="checkbox"/>
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 COMPANY</b>	8. Farm or Lease Name <b>EAST EUMONT UNIT</b>
3. Address of Operator <b>P.O. BOX 249, HOBBS, NEW MEXICO 88240</b>	9. Well No. <b>52</b>
4. Location of Well UNIT LETTER <b>H</b> , <b>1974</b> FEET FROM THE <b>NORTH</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> N.M.P.M.	10. Field and Pool, or Wildcat <b>EUMONT QUEEN</b>
15. Elevation (Show whether DE, RT, CR, etc.)	12. County <b>LEA</b>

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

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <b>PUT IN OPERATION</b> <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.

Due to development of waterflood, pumping equipment has been installed and the well placed in operation.

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 SUPERINTENDENT DATE April 20, 1970

APPROVED BY [Signature] TITLE SUPERVISOR DISTRICT DATE APR 23 1970

CONDITIONS OF APPROVAL, IF ANY:

WLG/bh

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APR 29 1970

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