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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

3 - NM OCC
1 - File

AUG 17 1969

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.	
7. Unit Agreement Name	
8. Farm or Lease Name	
9. Well No.	
10. Field and Pool, or Wildcat	
12. County	

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- **Water Injection**

2. Name of Operator
Getty Oil Company

3. Address of Operator
Box 249, Hobbs, N. Mex.

4. Location of Well
UNIT LETTER **K**, **1980** FEET FROM THE **South** LINE AND **1980** FEET FROM THE **West** LINE, SECTION **22** TOWNSHIP **19S** RANGE **37E** 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:

PERFORM REMEDIAL WORK ☐

TEMPORARILY ABANDON ☐

PULL OR ALTER CASING ☐

OTHER ☐

PLUG AND ABANDON ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

COMMENCE DRILLING OPNS. ☒

CASING TEST AND CEMENT JOB ☒

OTHER ☐

ALTERING CASING ☐

PLUG AND ABANDONMENT ☐

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.

Spudded at 4 PM 8-12-69. Drilled 9-7/8" hole to 458'. Set 7-5/8" 2 1/2" H-40 ST&C casing at 452'. Cemented with 200 sacks Class H cement with 2% Cacl. Circulated an estimated 15 sacks cement.

W.O.C. 18 hours. Tested 7-5/8" casing with 800# for 30 minutes, no drop in pressure.

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 8-15-69

APPROVED BY [Signature]

TITLE SUPERVISOR DISTRICT

DATE AUG 19 1969

CONDITIONS OF APPROVAL, IF ANY: