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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

5d. Indicate Type of Lease
State ☐ **Fed** 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 GETTY OIL COMPANY	8. Farm or Lease Name EAST EUMONT UNIT
3. Address of Operator P. O. BOX 249, HOBBS, NEW MEXICO	9. Well No. 129
4. Location of Well UNIT LETTER B 660 FEET FROM THE North LINE AND 1980 FEET FROM THE East LINE, SECTION 12 TOWNSHIP 20S RANGE 37E NMPM.	10. Field and Pool, or Wildcat EUMONT QUEEN
15. Elevation (Show whether DF, RT, GR, etc.)	12. County Lea

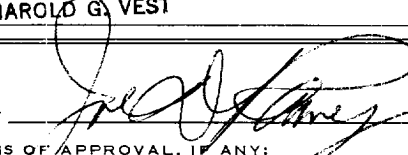
16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> NIO Well
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <input 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 response of waterflood, well has been placed back in operation.

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

SIGNED HAROLD G. VEST	TITLE Area Engineer	DATE 1-27-69
APPROVED BY 	TITLE SUPERVISOR DISTRICT 9	DATE
CONDITIONS OF APPROVAL, IF ANY:		