NO. OF COPIES RECEIVED			Form C-103 Supersedes Old
DISTRIBUTION	_		C-102 and C-103
SANTA FE NEW MEXICO OIL CONSERVATION COMMISSION			Effective 1-1-65
FILE	3-10400	c	5a. Indicate Type of Lease
U.S.G.S.	1-File		State Fee.
LAND OFFICE			5. State Oil & Gas Lease No.
OPERATOR	_		,
		· Walls	
SUND	RY NOTICES AND REPORTS ON ROPOSALS TO DRILL OR TO DEEPEN OR PLUG I TION FOR PERMIT -" (FORM C-101) FOR SUC	WELLS BACK TO A DIFFERENT RESERVOIR.	
	TION FOR PERMIT -" (FORM C-101) FOR SUC	:H PROPOSALS.)	7. Unit Agreement Name
1. OIL GAS WELL WELL			
2. Name of Operator	OTHER-		8. Farm or Lease Name
GETTY OIL COMPANY			J. H. Day
3. Address of Operator			9. Well No.
	Z OLO WORRS WEW MEXTCO		1
4. Location of Well	k 249, Horbs, New Mexico		10. Field and Pool, or Wildcat
· ·	660 FEET FROM THE North	1980	Jalmat
UNIT LETTER	FEET FROM THE	LINE AND FEET FE	THITTINI MOST
90	6 26	og 36 E	
THE West LINE, SECT	104 6 TOWNSHIP 22	RANGE NM	PM. (
mmmm	15. Elevation (Show whether	DF, RT, GR, etc.)	12. County
			Leu (IIIIIIII
	A Day To Indicate I	Nature of Nation Papart or	Other Data
Check	Appropriate Box To Indicate 1	=	ENT REPORT OF:
NOTICE OF	INTENTION TO:	SUBSEQUE	INT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON		COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT JOB	L
	·	OTHER	
OTHER			
	(Clarky state all partirent de	tails and give pertinent dates inclu	ding estimated date of starting any proposed
work) SEE RULE 1103.	Sperditions (Greatly state art pertitions de-	, and good partners and a	
,			
This is a watered	out gas completion with	no further sones with	completion potential.
It is proposed to	plug and shandon lease	as follows: Lay 25 sad	ck cement plug from TD
to 35061: Tay 25	sack coment plug from 120	O' to surface. Instal	1 Dry Hole Marker.
00 3790 , ==0 =7			
Mud to be left be	tween plugs.		
Wild Co be Telo be	Ancor bands.		
IR I hereby certify that the informati	on above is true and complete to the best	of my knowledge and belief.	
ORIGINAL SIGNED		≛يند ف ساعد فيت النام الارام ا	1-23-69
SIGNED T. Wade	TITLE	Area Superintendent	DATE 4 63
2.7	1		
APPROVED BY	Ching TITLE_		DATE
CONDITIONS OF APPROVAL, IF A	NY:		