

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

0+2 - NMOC-D-P.O. Box 1980 1 - Foreman
Hobbs, NM 88240 1 - WIO's
1 - Engr. - PJB 1 - File
1 - Engr. Tech. - BB

5a. Indicate Type of Lease
State <input checked="" 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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER- <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Getty Oil Company	8. Farm or Lease Name Getty 1 State Com
3. Address of Operator P.O. Box 730 Hobbs, NM 88240	9. Well No. 2
4. Location of Well UNIT LETTER <u>H</u> , <u>1980</u> FEET FROM THE <u>North</u> LINE AND <u>660</u> FEET FROM THE <u>East</u> LINE, SECTION <u>1</u> TOWNSHIP <u>22S</u> RANGE <u>34E</u> N.M.P.M.	10. Field and Pool, or WHdcat East Grama Ridge
15. Elevation (Show whether DF, RT, GR, etc.) 3630.2 GL	12. County

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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <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.

2/7/82 Parker Drilling spudded 17½" hole @ 3:00 A.M.

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

SIGNED [Signature] TITLE AREA SUPERINTENDENT DATE February 8, 1982
Date R. Crockett

APPROVED BY [Signature] TITLE [Signature] DATE FEB 10 1982

CONDITIONS OF APPROVAL, IF ANY: