

3 - NMOCC
1 --File

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

NEW MEXICO OIL CONSERVATION COMMISSION

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OPERATOR		

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" 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 GETTY OIL COMPANY	8. Farm or Lease Name O. L. Coleman
3. Address of Operator P. O. Box 249, Hobbs, New Mexico 88240	9. Well No. 1
4. Location of Well UNIT LETTER G , 2310 FEET FROM THE North LINE AND 2310 FEET FROM THE East LINE, SECTION 17 TOWNSHIP 21-S RANGE 36-E NMPM.	10. Field and Pool, or Wildcat Emice (G-SA)
15. Elevation (Show whether DF, RT, GR, etc.) 3632 DF	12. County Lee

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"/>	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 JOB <input type="checkbox"/>	OTHER Fill cellar w/sand <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.

Installed risers on 7", 9 5/8", and 15 1/2" casing strings brought to surface. Attach permanent type identification tags to each riser. Fill cellar w/sand.

Note: Before filling cellar w/sand, the above work was inspected on April 25, 1968 by Mr. Leslie Clements w/N.M.O.C.C.

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 26, 1968**

APPROVED BY  TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY