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NEW MEXICO OIL CONSERVATION COMMISSION

3-NMOCC
1-FileForm 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. B-9188
7. Unit Agreement Name
8. Farm or Lease Name STATE "S"
9. Well No. 2
10. Field and Pool, or Wildcat BLINEBRY
12. County LEA

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-
2. Name of Operator
GETTY OIL COMPANY
3. Address of Operator
P.O. BOX 249, HOBBS, NEW MEXICO 88240
4. Location of Well
UNIT LETTER **C** **660** FEET FROM THE **NORTH** LINE AND **1980** FEET FROM
THE **WEST** LINE, SECTION **15** TOWNSHIP **21S** 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:

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"/>	NIO WELL <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.

Request extension of shut-in status.

The well is a dual Blinebry-Tubb Gas producer.

This production unit's 40 acres have been allocated to Well #4. Well #2 may be returned to production if the well's characteristics change. The Blinebry Zone was shut-in during May, 1965.

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

SIGNED **C.L. Wade:** **C. L. Wade** TITLE **AREA SUPERINTENDENT** DATE **10-22-75**

APPROVED BY **WLG/bh** TITLE **10/25**
CONDITIONS OF APPROVAL, IF ANY:

WLG/bh