

NEW MEXICO OIL CONSERVATION COMMISSION

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LAND OFFICE	
OPERATOR	

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>
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 21-S RANGE 37-E 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:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <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.

This is a dual Blinebry Gas-Tubb Gas well. Well No. 4 (a twin well) has been completed in the Blinebry Oil Zone and No. 2's acreage has been allocated to No. 4. Well No. 2 may be returned to production if No. 4's producing characteristics (in the Blinebry) change. No. 2 was shut-in during May, 1965.

Expires 11/1/75

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: O. L. WADE**

TITLE **AREA SUPERINTENDENT**

DATE **10-25-74**

APPROVED BY

Orig. Signed By

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

CLW-WLG/bh