

## NEW MEXICO OIL CONSERVATION COMMISSION

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DATE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
<b>B-9188</b>	

## 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. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-	7. Unit Agreement Name
2. Name of Operator <b>GETTY OIL COMPANY</b>	8. Farm or Lease Name <b>STATE "S"</b>
3. Address of Operator <b>P.O. BOX 249, HOBBS, NEW MEXICO 88240</b>	9. Well No. <b>2</b>
4. Location of Well UNIT LETTER <b>C</b> <b>660</b> FEET FROM THE <b>NORTH</b> LINE AND <b>1980</b> FEET FROM THE <b>West</b> LINE, SECTION <b>15</b> TOWNSHIP <b>21-S</b> RANGE <b>37-E</b> NMPM.	10. Field and Pool, or Wildcat <b>BLINEBRY-TUBB</b>
15. Elevation (Show whether DF, RT, GR, etc.) <b>3456 DF</b>	12. County <b>LEA</b>

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 checked="" type="checkbox"/> <b>FILL CELLAR</b>	CASING TEST AND CEMENT JOBS <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.

**Risers on all strings brought to surface and filled cellar with sand.**

**Inspected by Mr. Leslie Clements of NMOC on August 20, 1974.**

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:** **C. L. Wade** TITLE **AREA SUPERINTENDENT** DATE **August 21, 1974**

APPROVED BY **Orig. Signed by Joe D. Ramey** TITLE **Dist. I, Supv.** DATE **1974**

CONDITIONS OF APPROVAL, IF ANY: