| 3-NMOCC 1-FILE | | | |
|---|--|---|--|
| N . OF COPIES RECEIVED | | | Form C-103 |
| DISTRIBUTION | | | Supersedes Old |
| SA' A FE | NEW MEXICO OIL CO | NSERVATION COMMISSION | C-102 and C-103 Effective 1-1-65 |
| FILE | | | |
| U.S.G.S. | | | 5a. Indicate Type of Lease |
| LAND OFFICE | - | | State Fee XX |
| OPERATOR | | S. State Oil & Gas Lease No. | |
| CONOT USE THIS FORM FOR P USE "APPLICA 1. | RY NOTICES AND REPORTS (ROPOSALS TO DRILL OR TO DEEPEN OR PLU TION FOR PERMIT -" (FORM C-101) FOR | DN WELLS 16 back to a different reservoir. Such proposals.) | 7. Unit Agreement Name |
| OIL GAS WELL | OTHER. | | |
| 2. Name of Operator | 8. Farm or Lease Name | | |
| GETTY OIL COMPAN | PERCY HARDY | | |
| 3. Address of Operator | | | 9. Well No. |
| | OBBS, NEW MEXICO 88240 | | 2 |
| 4. Location of Well | 10. Field and Pool, or Wildcat | | |
| UNIT LETTER 0 | 660 FEET FROM THE | TH 1980 FEET | FROM |
| THE EAST LINE, SEC | TION 17 TOWNSHIP 215 | | мрм. ()))))))))))))))))))))))))))))))))))) |
| | 12. County | | |
| | 15. Elevation (Show whet | | LEA |
| ^{16.} Check | Appropriate Box To Indicate | e Nature of Notice. Report of | Other Data |
| | INTENTION TO: | | IENT REPORT OF: |
| PERFORM REMEDIAL WORK | PLUG AND ABANDON | REMEDIAL WORK | ALTERING CASING |
| TEMPORARILY ABANDON | _ | COMMENCE DRILLING OPNS. | PLUG AND ABANDONMENT |
| PULL OR ALTER CASING | CHANGE PLANS | CASING TEST AND CEMENT JOB | |
| | - | OTHER | NIO WELL XX |
| OTHER | | | |
| 17. Describe Proposed or Completed | Operations (Clearly state all pertinent | details, and give pertinent dates, incl | uding estimated date of starting any proposed |

work) SEE RULE 1103.

This well will be reworked when Sun Oil Company's negoations for unitizing the Drinkard Area are completed.

The well was placed on NIO Status in May, 1972.

Expires 1/1/175

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

| | RIGINAL SIGNED BY: | | |
|----------------------|---------------------------|---------------------------|---------------|
| SIGNEC. L. Wade: | C. L. Wade | TITLE AREA SUPERINTENDENT | DATE 10=25-74 |
| | · · · | | |
| APPROVED BY | | | DATE |
| CONDITIONS OF APPROV | VAL, IF ANY: | | |

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