| Orig - 2 CC - NMOCC 1-File | |
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| OF TOPIES RECEIVED ST RIBUTION | Form C-103 Supersedes Old C-102 and C-103 Effective 1-1-65 |
| NEW MEXICO OIL CONSERVATION COMMISSION | |
| U.S.D.S. LAND OFFICE | State XX Fee |
| OPERATOR | 5. State Oil & Gas Lease No. |
| SUNDRY NOTICES AND REPORTS ON WELLS | B-9188 |
| SUNDRY NOTICES AND REPORTS ON WELLS (55 NGT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. (55 NGT USE MAPPLICATION FOR PERMIT - M (FORM C-101) FOR SUCH PROPOSALS.) | 7. Unit Agreement Name |
| 1. ONE KX GAS WELL XX OTHER- | 7. Ont Agreement Name |
| S. Come of Operator GETTY OIL COMPANY | 8, Farm or Lease Name STATE "S" |
| S. Altress of Operator | 9. Well No. |
| P.O. BOX 249, HOBBS, NEW MEXICO 88240 | 8 10. Field and Pool, or Wildcat |
| ONLY LETTER A 660 FEET FROM THE NORTH LINE AND 660 FEET FROM | BLINEBRY & DRINKARD |
| | |
| THE EAST LINE, SECTION 15 TOWNSHIP 21-S HANGE 37-E NMPM. | |
| 15. Elevation (Show whether DF, RT, GR, etc.) | 12. County |
| Check Appropriate Box To Indicate Nature of Notice, Report or Otl | LEA ())))) |
| | 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 JQB | |
| OTHER FILL CELLAR XX | |
| 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 cellar filled with s | and. |
| Inspected by Mr. Leslie Clements of NMOCC on August 20, 1974. | |
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| | |
| 18. I hereby certify that the information above is true and complete to the best of my knowledge and belief. | |
| 18. I hereby certify that the information above is true and complete to the best of my knowledge and better. | |
| SIGNED C.L. Wade: AREA SUPERINTENDENT | AUGUST 21, 1974 |
| A. | |
| APPROVED BY TITLE TITLE | DATE |
| CONDITIONS OF APPROVAL, IF ANY: | |