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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103  
Supersedes Old  
C-102 and C-103  
Effective 1-1-65

<p align="center"><b>SUNDRY NOTICES AND REPORTS ON WELLS</b></p> <p align="center"><small>(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.)</small></p>		<p>5a. Indicate Type of Lease State <input type="checkbox"/> Fee <input checked="" type="checkbox"/></p> <p>5. State Oil &amp; Gas Lease No.</p>
<p>1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/></p> <p>2. Name of Operator <b>GETTY OIL COMPANY</b></p> <p>3. Address of Operator <b>P. O. BOX 249, HOBBS, NEW MEXICO 88240</b></p> <p>4. Location of Well UNIT LETTER <b>N</b> <b>660</b> FEET FROM THE <b>SOUTH</b> LINE AND <b>1980</b> FEET FROM THE <b>WEST</b> LINE, SECTION <b>1</b> TOWNSHIP <b>23S</b> RANGE <b>36E</b> NMPM.</p>	<p>7. Unit Agreement Name</p> <p>8. Farm or Lease Name <b>E. F. KING</b></p> <p>9. Well No. <b>5</b></p> <p>10. Field and Pool, or Wildcat <b>LANGLIE MATTIX-7-RIVERS</b></p>	<p>15. Elevation (Show whether DF, RT, GR, etc.)</p>
		<p>12. County <b>LEA</b></p>

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐  
TEMPORARILY ABANDON ☐  
PULL OR ALTER CASING ☐  
OTHER ☐

PLUG AND ABANDON ☐  
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐  
COMMENCE DRILLING OPNS. ☐  
CASING TEST AND CEMENT JOBS ☐  
OTHER ☐

ALTERING CASING ☐  
PLUG AND ABANDONMENT ☐  
**NIO WELL** ☒

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 well is uneconomical to operate. The well is being held for unitization and waterflood. The well was shut in 8-5-71.**

*Expires 11/1/75*

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

SIGNED **C.L. Wade:**

TITLE **AREA SUPERINTENDENT**

DATE **10-25-74**

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

**WLG/bh**