

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

3-NMOCC-Hobbs
1-W.A. Frnka-Tulsa
1-R.W. Blohm-Midland
1-PJB, Engr.
1-BH-Field Clk

1-File

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

5a. Indicate Type of Lease
State ☐ Fee ☒
5. State Oil & Gas Lease No.
7. Unit Agreement Name
8. Form of Lease Name R.L. Clifton
9. Well No. 2
10. Field and Pool, or Wildcat Blinebry-Drinkard
12. County Lea

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO RE-ENTER OR RE-LEASE TO A DIFFERENT RESERVOIR.
USE APPLICATION FOR PERMIT TO DRILL (FORM C-101) FOR SUCH PROPOSALS.)

OIL WELL ☒ Dual GAS WELL ☒ OTHER-

Name of Operator
Getty Oil Company

Address of Operator
P.O. Box 730, Hobbs, N.M. 88240

Location of Well
UNIT LETTER M 660 FEET FROM THE South LINE AND 810 FEET FROM
THE West LINE, SECTION 4 TOWNSHIP 22S RANGE 37E NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)
3442 D.F.

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

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	COMMENCE DRILLING OPNS. ☐
PULL OR ALTER CASING ☐	CASING TEST AND CEMENT JOBS ☐
OTHER ☐	OTHER ☒ Install 2 tbgs. strings
PLUG AND ABANDON ☐	ALTERING CASING ☐
CHANGE PLANS ☐	PLUG AND ABANDONMENT ☐

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.

8/16/80 MIRU PU.

8/18/80 Pulled Loc-Set @ 6248'.

8/19/80 Release Baker on-off tool at 6248'. Pulled 177 jts. 2 3/8" tbgs, 23 jts. 23 jts. and 2 1/17" Cross-over 5 1/2" K Pkr.

8/20/80 Ran 182 jts. (5498') 2 3/16" tbgs. w "K" Pkr. at 5504', on-off at 6221'.

8/21/80 Latched on to on-off tool at 6548'. Ran 178 jts. 5457' 2 1/16" Hydril.

8/22/80 Ran 1 jt. 2 1/16" tubing. Set ST&C "K" Dual Pkr. at 5533'. Installed wellhead. Rigged down unit at 6:00 P.M.

8/25/80 PB 6615'. Connect flow lines. Rig up swab unit. Swabbed and tested both zones. Left flowing. Rigged down unit.

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

SIGNED H. W. Dwyer TITLE Area Superintendent DATE 10/1/80
Dale R. Crockett
APPROVED BY One Signed By TITLE Area Superintendent DATE 10/1/80
CONDITIONS OF APPROVAL, IF ANY: