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NEW MEXICO OIL CONSERVATION COMMISSION  
 2-NMOC-D-Hobbs 1-Arco-Midland  
 1-File  
 1-PJB-Engr.  
 1-CM-Foreman-Eunice

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.

**SUNDARY NOTICES AND REPORTS ON WELLS**  
DO NOT USE THIS FORM FOR NOTICES TO ABANDON OR TO CEASE PRODUCTION OF A DIFFERENT RESERVOIR.  
 SEE INSTRUCTIONS FOR REPORTS ON WELLS ONLY FOR SUCH PURPOSES.

OIL WELL ☒ GAS WELL ☐ OTHER ☐  
 Name of Operator  
**GETTY OIL COMPANY**  
 Address of Operator  
**P.O. Box 730, Hobbs, NM 88240**  
 Location of Well  
 UNIT LETTER **K** **1980** FEET FROM THE **West** LINE AND **2130** FEET FROM  
 THE **South** LINE, SECTION **10** TOWNSHIP **22S** RANGE **37E** N.M.P.M.

7. Unit Agreement Name  
 8. Farm or Lease Name  
**Baker B**  
 9. Well No.  
**8**  
 10. Field and Pool, or Wildcat  
**Drinkard**  
 12. County  
**Lea**

11. Elevation (Show whether DF, RT, GR, etc.)  
**3411'**

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 checked="" 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 type="checkbox"/>            | CASING TEST AND CEMENT JOB <input type="checkbox"/> | OTHER <input type="checkbox"/>                |

7. 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.

1/29/81 Rigged up DA&S and pulled rods.  
 1/30/81 Tagged tubing @ 6390'. Pulled 204 jts. 2 3/8" tubing. Ran 4" sand pump 6380-91'.  
 1/31/81 Ran 6 1/2" bit, tagged @ 6399'. Reversed out @ 6416'. Frac sand.  
 2/2/81 Drilled 6416-6475'. Pulled bit.  
 2/4/81 CRC ran GR log with CCL 6460-5900' and perforated 7" casing 2/SPF 6261, 65, 70, 77, 87, 94, 6301, 04, 11, 18, 20, 28, 33, 38, 44, 65, 69, 78, 89, 94, 96, 6408, 19, 28, 33, 42, 45 = 54 (.40") holes. Ran 2 7/8" tubing and packer and set @ 6198'.  
 2/5/81 Western acidized perfs. 6261-6445' with 3000 gals. 15% acid, 400# salt, 400# Benzoic flakes. Max. pressure 1200#, min. 0#, rate 4 BPM, ISIP vacuum. 141 bbls. load. Swabbed 6 1/2 hrs. Recovered 99 BW; 42 BLW to recover.  
 2/6/81 Western treated 7" perfs 6261-6445' with 30,000 gals. 3% acid, 10,000 SCF Co2, 42,000# 20-40 sand and flushed with 46 bbls. Max. treating pressure 5000#, min. 4500#, rate 20 bbls. min., ISIP 2015#, 15 min. SIP 1750#, 754 bbls. LW to recover. SI 12 hrs. TP 800#.  
 2/8/81 Flowed to pit 7 hrs. 35 BLW, 624 BLW to recover.  
 2/9/81 TP 700#. Attempted to release packer. Moved down. Ran to 6373'.  
 2/10/81 Worth Well perfed 2 holes @ 6262'. Casing went to vacuum. Pulled packer loose.  
 2/11/81 TP 650#, lay down work string. Ran 4 1/2" sand pump, tagged @ 6450'.  
 2/12/81 TD 6520', PB 6481'. Ran 2 3/8" tubing. Set S.N. @ 6349'. Ran 2" x 1 1/2" x 15' pump, set @ 6349'. Rigged down unit. Placed well back on production.

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

SIGNED Dale R. Crockett TITLE Area Superintendent DATE 2/17/81  
 APPROVED BY [Signature] TITLE [Signature] DATE [Signature]  
 CONDITIONS OF APPROVAL, IF ANY: