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NEW MEXICO OIL CONSERVATION COMMISSION
 3-NMOC-D-Hobbs 1-BB
 1-File
 1-PJB-Engr.
 1-CM-Foreman

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. B-2320
7. Unit Agreement Name ---
6. Name of Lease Name Skelly Penrose "B" Unit
9. Well No. 3
10. Field and Pool, or Wildcat Langlie Mattix
12. County Lea

SUNDARY NOTICES AND REPORTS ON WELLS
DO NOT USE THIS FORM FOR NOTICES TO THE STATE OF NEW MEXICO, OR FOR ANY OTHER RESERVATION.
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1. ☐ OIL WELL ☐ GAS WELL ☐ OTHER- Injection well

2. Name of Operator
GETTY OIL COMPANY

3. Address of Operator
P.O. BOX 730, Hobbs, NM 88240

4. Location of Well
 UNIT LETTER D 660 FEET FROM THE North LINE AND 990 FEET FROM
 THE West LINE, SECTION 32 TOWNSHIP 22S RANGE 37E NMPL.

11. Elevation (Show whether DF, RT, GR, etc.)
3373' DF

15. 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 OPS. ☐
FULL OR ALTER CASING ☐	CASING TEST AND CEMENT JOB ☐
OTHER ☐	OTHER <u>Replace cement lined tubing</u> ☒
	ALTERING CASING ☐
	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.

3/24/81 Moved in and rigged up DA&S unit.
 3/25/81 Unset packer.
 3/26/81 Pulled and laid down 110 jts. (3472') 2 3/8" OD 8R J-55 cement lined tubing (E cond.) and 2 3/8" x 5 1/2" R-4 packer. Ran 2 3/8" x 5 1/2" (4') Howco R-4 Tension packer on 110 jts. (3473.13') 2 3/8" OD 8R J-55 Plastic Applicator's tubing. Circulated hole with treated water. Set packer @ 3485' with 10,000# tension. Returned well to injection. Injected 243 bbls. in 24 hrs.

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

SIGNED Lyle R. Crockett TITLE Area Superintendent DATE 4/8/81

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: