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NEW MEXICO OIL CONSERVATION COMMISSION

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

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	

SUNDRY NOTICES AND REPORTS ON WELLS

(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.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER- <input type="checkbox"/>		7. Unit Agreement Name
2. Name of Operator GETTY OIL COMPANY		8. Farm or Lease Name A. L. CHRISTMAS
3. Address of Operator P. O. BOX 249, HOBBS, NEW MEXICO 88240		9. Well No. 2
4. Location of Well UNIT LETTER D 760 FEET FROM THE NORTH LINE AND 660 FEET FROM West LINE, SECTION 26 TOWNSHIP 22-S RANGE 36-E NMPM.		10. Field and Pool, or Wildcat JALMAT
15. Elevation (Show whether DF, RT, GR, etc.) 3489 GL		12. County LEA

16.

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 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 checked="" type="checkbox"/>	OTHER <input type="checkbox"/>

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.

Drilled 6-3/4" hole to TD @ 3600'. Ran logs. Set 4-1/2" 10.5# H-40 Casing @ 3599'. Cemented with 850 sacks HOWCO Lite Cement with 18% salt and 100 sacks Class "C". Circulated 150 sacks. WOC 48 hours. Tested 4-1/2" casing with 1250# for 30 minutes with no drop in pressure.

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

SIGNED **C.L. Wade** BY: **C. L. Wade** TITLE **AREA SUPERINTENDENT** DATE **1-3-75**

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

WLG/bh