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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

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.
7. Unit Agreement Name
8. Farm or Lease Name JUSTIS MC KEE UNIT
9. Well No. 702
10. Field and Pool, or Wildcat JUSTIS MC KEE
12. County LEA

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/>
2. Name of Operator GETTY OIL COMPANY
3. Address of Operator P.O. BOX 249, HOBBS, NEW MEXICO 88240
4. Location of Well UNIT LETTER L , 1650 FEET FROM THE SOUTH LINE AND 330 FEET FROM THE WEST LINE, SECTION 19 TOWNSHIP 25S RANGE 38E NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 3077 D.F.

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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>

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 is a dual (L.M. BUFFINGTON "B" WELL NO. 2) Ellenburger - (JUSTIS MC KEE UNIT WELL NO 702) Mc Kee Well.

The Mc Kee Zone is shut-in behind a packer until the lower zone (ELLENBURGER) is depleted.

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

ORIGINAL SIGNED BY:

C. L. Wade

SIGNED **C.L. Wade:**

TITLE **AREA SUPERINTENDENT**

DATE **10-30-74**

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE