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NEW MEXICO OIL CONSERVATION COMMISSION
3-NMOCD-Hobbs, Lea County
1-Mr. Frnka-Tulsa
1-R.W. Blohm-Midland
1-PJB
1-File

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 OIL OR GAS WELLS OR WELLS IN A DIFFERENT RESERVOIR.
USE APPLICATION FOR PERMIT TO DRILL OR RE-ENTER WELLS FOR SUCH PURPOSES.

1. ☐ OIL WELL ☐ GAS WELL ☐ OTHER - Water Supply Well
2. Name of Operator
GETTY OIL COMPANY
3. Address of Operator
P.O. Box 730, Hobbs, New Mexico 88240
4. Location of Well
UNIT LETTER M 1313 FEET FROM THE South LINE AND 1327 FEET FROM
THE West LINE, SECTION 4 TOWNSHIP 24-S RANGE 36-E RANGE
15. Elevation (Show whether DF, RT, GR, etc.)
3404 G.L.

7. Unit Agreement Name
8. Name of Lease Name
Jal Water System
9. Well No.
3
10. Field and Pool, or Valued
12. County
Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:
PERFORM REMEDIAL WORK ☒
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐
PLUG AND ABANDON ☐
CHANGE PLANS ☐
OTHER ☐
SUBSEQUENT REPORT OF:
REMEDIAL WORK ☐
COMMENCE DRILLING OPS. ☐
CASING TEST AND CEMENT JOB ☐
OTHER ☐
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 1193.

1. Rig up pulling unit and install BOP.
2. Pull tubing and submersible pump.
3. Run the tubing to $\pm$ 4500'.
4. Spot acid and allow to equilibize to 1700' (approximately 2700 gallons)
5. Allow one hour for reaction.
6. While the acid is reacting, assuming the well is dead, pick up the tubing to 1700'.
7. Close the rams on the BOP and reload the tubing and drop a block of 1000 pounds rock salt in 500 gallons of gelled brine.
8. Pump the remaining acid and displace at the highest rate attainable.
9. Displace to the bottom of the casing at 3875'.
10. Pull tubing.
11. Install submersible pump and return to production.

18. 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 8/18/80

APPROVED BY [Signature] TITLE [Blank] DATE [Blank]
CONDITIONS OF APPROVAL, IF ANY: