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NEW MEXICO OIL CONSERVATION COMMISSION

O+2-NMOCC- HOBBS

1-FILE

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.

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.)

7. Unit Agreement Name: MYERS LANGLIE MATTIX UNI

1. OIL WELL ☐ GAS WELL ☐ OTHER- WATER INJECTION WELL

8. Farm or Lease Name: MYERS LANGLIE MATTIX UNI

2. Name of Operator: GETTY OIL COMPANY

9. Well No.: 30

3. Address of Operator: P. O. BOX 730, HOBBS, NEW MEXICO 88240

10. Field and Pool, or Wildcat

4. Location of Well: UNIT LETTER K, 1980 FEET FROM THE SOUTH LINE AND 1980 FEET FROM THE WEST LINE, SECTION 30, TOWNSHIP 23-S, RANGE 37-E, NMPM.

15. Elevation (Show whether DF, RT, GR, etc.): 3343' GR

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 ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐		COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	CHANGE PLANS ☐	CASING TEST AND CEMENT JOB ☐	
OTHER ☐		OTHER CASING CONNECTIONS ☒	

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.

Riser on 8-5/8" OD and 5-1/2" OD Casing brought to surface.

Riser on _____ and _____ Casing brought to surface.

Riser on _____ and _____ Casing brought to surface.

Inspected by Nathan E. Clegg on _____

Inspected by L.A. Clements on _____

Inspected by M.G. Crossland on _____

Inspected by J.W. Runyan on _____

Inspected by E. W. Seay on 2-9-78

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

ORIGINAL SIGNED BY DALE R. CROCKETT

SIGNED Dale R. Crockett TITLE AREA SUPERINTENDENT DATE _____

APPROVED BY Eddie W Seay TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: