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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

3-NMOC-D-Hobbs
1-R.J. Starrak-Midland
1-Mr. Frnka-Tulsa
1-JDM-Engr.
1-File

1-MLMU

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-1167

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO RE-ENTER OR RE-DEVELOP A DIFFERENT RESERVOIR.
SEE APPLICATION FOR REPORT ON DIFFERENT RESERVOIR FOR SUCH PROPOSALS.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐
2. Name of Operator
GETTY OIL COMPANY
3. Address of Operator
P.O. Box 730, Hobbs, N.M. 88240
4. Location of Well
UNIT LETTER N 660 FEET FROM THE South LINE AND 1980 FEET FROM THE West LINE, SECTION 36 TOWNSHIP 23S RANGE 36E NMPM.

7. Unit Agreement Name
Myers Langlie Mattix Uni
8. Form of Lease Name
Myers Langlie Mattix Uni
9. Well No.
102
10. Field and Pool, or Wildcat
Langlie Mattix
12. County
Lea

11. Elevation (Show whether DF, KT, GR, etc.)
3326' G.L.

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 ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☒	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOBS ☐	

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.

7/28/80 Hondo spudded 11" hole @ 2:00 P.M. Drilled 11" hole to 513' in Redbed.

7/30/80 Ran 12 jts. (499') 8 5/8" 24# ST&C "A" K-55, R-3 and set @ 510'. Western cemented w/150 sxs. Lite w/2% CaCl, Circ. 120 sxs. WOC 18 hrs. Tested csg. to 1200# for 30 min. OK.

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

SIGNED <u>Dale R. Crockett</u>	TITLE <u>Area Supt.</u>	DATE <u>7/31/80</u>
ORIG. SIGNED BY <u>Jerry Sexton</u>	TITLE _____	DATE _____
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		