## STATE OF NEW MEXICO

| _      | • • • • • |     |       |      |         |
|--------|-----------|-----|-------|------|---------|
| ENERGY | ANO       | MIN | ERALS | DEPA | ARTMENT |

| The state of the s |   |   |  |  |
|--|---|---|--|--|
| we, er corics acctives   | T |   |  |  |
| DISTRIBUTION   |   |   |  |  |
| SANTA FE   |   |   |  |  |
| FILE   |   |   |  |  |
| U.S.G.S.   |   |   |  |  |
| LAND OFFICE  |   |   |  |  |
| OPERATOR   |   | [ |  |  |

CONDITIONS OF APPROVAL, IF ANYL

## OIL CONSERVATION DIVISION

| ue. es costes accelves                          | -  |  | 1.000  |  | Form C-103                    |
|---|--|--|--|--|-------------------------------|
| DISTRIBUTION                                    | 4  | P. O. BO                                 |  |  | Revised 10-1-78               |
| SANTA FE  |  |  | MEXICO 87501                                   |  |                               |
| FILE  | O+2 -  | NMOCD - P.C                              | ). Box 1980 1 - For                            | eman-BWI. Indicat                        | e Type of Lease               |
| U.S.G.3.  | 4  | Hobbs, NM                                |  |  | X Fee                         |
| LAND OFFICE                                     | -l   | Engr. JDM                                |  |  | ll & Gas Lease No.            |
| OPERATOR  |  | _  | CT   | 1  |                               |
|   |  | Engr. Tech                               |  | <del></del>                              | mmmm                          |
| SUNDR   | RY NOTICES AND                                 | REPORTS ON                               | WELLS  |  |                               |
| (DO NOT USE THIS FORM FOR PRO<br>USE ""APPLICAT | OPOSALS TO ORILL OR T<br>FION FOR PERMIT —" IF | O DEEPEN OR PLUG 8<br>ORM C-101) FOR SUC | ACK TO A DIFFERENT RESERVOIR.<br>H PROPOSALS.) |  |                               |
| 1.  |  |  | •  | 7. Unit Ag                               | reement Name                  |
| OIL TY GAS                                      | OTHER-   |  |  | Myers L                                  | anglie Mattix Unit            |
|   | OINEN-   |  |  | 8. Farm or                               | Lease Name                    |
| 2. Name of Operator                             |  |  |  | Myers L                                  | anglie Mattix Unit            |
| Getty Oil Compan                                | У  |  | 7.5  |  |                               |
| 3. Address of Operator                          |  |  |  | 9. Well No                               | •                             |
| P.O. Box 730 Ho                                 | bbs, NM 8824                                   | 0  |  | 58                                       |                               |
| 4. Location of Well                             |  |  |  | 10. Fleld                                | and Pool, or Wildcat          |
|   |  |  | 560  | Lang                                     | lie Mattix                    |
| UNIT LETTER D                                   | 785 FEET PROP                                  | M THENorth_                              | LINE AND 560                                   | FEET FROM                                |                               |
|   |  |  |  |  |                               |
| THE West LINE, SECTI                            | ION 32   | TOWNSHIP 23-                             | -S HANGE 37-E                                  | NMPM. (\\\\\\                            |                               |
|   |  |  |  |  |                               |
| THITTHIN THE                                    | 15. Eleve                                      | ition (Show whether                      | DF, RT, GR, etc.)                              | 12. County                               | , (                           |
|   | (11111)  | 3315.5                                   | ٣٢   |  |                               |
|   | 777777   |  |  |  |                               |
| Check   | Appropriate Box                                | t To Indicate N                          | lature of Notice, Repor                        | rt or Other Data                         |                               |
| NOTICE OF I                                     | NTENTION TO:                                   |  | suas   | EQUENT REPOR                             | T OF:                         |
|   |  |  |  |  |                               |
| <u></u>   |  | G AND ABANDON                            | REMEDIAL WORK                                  |  | ALTERING CASING               |
| PERFORM REMEDIAL WORK                           | PLU  |  | }  | H  | 云                             |
| TEMPORARILY ABANDON                             |  |  | COMMENCE DRILLING OPHS.                        |  | PLUG AND ABANDONMENT          |
| PULL OR ALTER CASING                            | CHA  | NGE PLANS                                | CASING TEST AND CEMENT JOS                     | · [                                      | ٠                             |
|   |  |  | OTHER  |  |                               |
| OTHER   |  |  |  |  |                               |
| <del></del>                                     |  |  |  |  | <u> </u>                      |
| 17. Describe Proposed or Completed O            | perations (Clearly st                          | ate all pertinent det                    | ails, and give pertinent dates,                | including estimated o                    | late of starting any proposed |
| work) SEE RULE 1103.                            |  |  |  |  |                               |
|   |  |  |  |  |                               |
| Request extension                               | n for Drillin                                  | a Darmit on                              | this well. Rig un                              | available                                |                               |
| i reduced execusion                             | LOI DITITIO                                    | g remite on                              | chis well. Rig un                              | avaliable.                               |                               |
|   |  |  |  |  |                               |
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|   |  |  |  |  |                               |
|   | •  |  | •  | **************************************   | ID FOR / SO_DAYS              |
|   |  | •  |  | AFPROVAL VAL                             | 10 FOR 35                     |
| •   |  |  |  | AFPROVAL VAL<br>PEFMIT EXPI<br>UNLEGS DE | 00 0/10/01                    |
|   |  |  |  | UHLECS DR                                | LLIFGATEDERWAY                |
|   |  |  |  |  |                               |
|   |  |  |  |  |                               |
| 18. I hereby certify that the information       | n above is true and c                          | omplete to the best                      | of my knowledge and belief.                    |  |                               |
| // /  |  |  |  |  | · ·                           |
| 1/11/   |  | 7  | ARea Superintendent                            |  | 11/11/81                      |
| Bale R. Crocket                                 | <u> </u>                                       | TITLE                                    |  | DATE.                                    |                               |
| Orig. Signed                                    | ON.  |  |  |  |                               |
| lerry Sexton                                    | 1  |  |  |  |                               |
| APPROVED BY THE PROVED BY                       | <u>/</u>                                       | TITLE                                    |  | DATE.                                    |                               |
|   | - 11   |  |  |  |                               |