

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

0+5-NMOCD-Hobbs 1-Laura Richardson-Mid.
1-File
1-Engr. DW
1-Foreman-CK

5a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.
032715

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 GAS WELL OTHER

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 N 660 FEET FROM THE South LINE AND 1917 FEET FROM Jalmat
THE West LINE, SECTION 19 TOWNSHIP 24S RANGE 37E NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)
3274 GR

7. Well Agreement Name
Cooper Jail Unit

8. Farm or Lease Name

9. Well No.
221

10. Field and Pool, or Wildcat

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

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.

1. Rig up PU and pull rods and pump.
2. Install BOP and pull tubing.
3. Clean out and deepen to 3765'. Run CNL-GR-CCL from TD to 450'.
4. Run and cement 4" FL-3S liner from 3765' to 3200'. WOC 24 hours.
5. Drill out and test liner top to 1000#.
6. Perforate Langlie Mattix as per CNL-GR-CCL.
7. Treat perms as per recommendation.
8. Install dual well head 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 October 29, 1982

APPROVED BY _____ TITLE _____ DATE NOV 23 1982

CONDITIONS OF APPROVAL, IF ANY: