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3-NMOC-D-Hobbs 1-Foremen-T-1
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 NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
 Supersedes Old
 C-102 and C-103
 Effective 1-1-65

SUNDY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR NOTICES TO WELL OWNERS OR BACK TO A DIFFERENT RESERVOIR. USE APPLICATION FOR REPORT - (FORM C-101) FOR SUCH PURPOSES.)		5a. Indicate Type of Lease State ☐ Fee ☒
1. ☐ OIL WELL ☐ GAS WELL ☐ OTHER- WATER INJECTION WELL		5. State Oil & Gas Lease No.
2. Name of Operator GETTY OIL COMPANY		7. Unit Agreement Name South Langlie Jal Unit
3. Address of Operator P.O. BOX 730, HOBBS, NM. 88240		8. Farm or Lease Name South Langlie Jal Unit
4. Location of Well UNIT LETTER M 330 FEET FROM THE W LINE AND 330 FEET FROM THE S LINE, SECTION 17 TOWNSHIP 25S RANGE 37E NMPAL.		9. Well No. 26
15. Elevation (Show whether DF, RT, CR, etc.) 3084 GL		10. Field and Pool, or Wildcat Jalmat (Oil)
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 ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOBS ☐	
		OTHER Repair tubing leak ☒	

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.

RE: NMOC D LETTER 8/20/80

8/16/80 MIRU pulling unit. Pulled 102 jts. 2 3/8" cement lined tubing and 2 x 5 1/2" Baker AD-1 Packer. Tested tubing back in hole to 4000#. Found hole in tubing 68 jts. (2093') down. Replaced bad joint tubing. Ran new packer. Circulated treated water in casing. Set packer at 3147'. Put 1500# tension on packer. Put well back on injection.

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 11/5/80

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: