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# NEW MEXICO OIL CONSERVATION COMMISSION

3-NMOCC  
1-File

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

5a. Indicate Type of Lease	State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	<b>B-11478</b>

## 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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <b>WATER INJECTION</b>	7. Unit Agreement Name
2. Name of Operator <b>GETTY OIL COMPANY</b>	8. Farm or Lease Name <b>JUSTIS MC KEE UNIT</b>
3. Address of Operator <b>P.O. BOX 249, HOBBS, NEW MEXICO 88240</b>	9. Well No. <b>404</b>
4. Location of Well UNIT LETTER <b>A</b> <b>660</b> FEET FROM THE <b>EAST</b> LINE AND <b>430</b> FEET FROM THE <b>NORTH</b> LINE, SECTION <b>25</b> TOWNSHIP <b>25-S</b> RANGE <b>37-E</b> NMPM.	10. Field and Pool, or Wildcat <b>JUSTIS MC KEE</b>
15. Elevation (Show whether DF, RT, GR, etc.) <b>3073 D.F.</b>	12. County <b>LEA</b>

16.

### Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

#### NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK	<input type="checkbox"/>
TEMPORARILY ABANDON	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>
OTHER	<input type="checkbox"/>

PLUG AND ABANDON	<input type="checkbox"/>
CHANGE PLANS	<input type="checkbox"/>
OTHER	<input type="checkbox"/>

#### SUBSEQUENT REPORT OF:

REMEDIAL WORK	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
COMMENCE DRILLING OPNS.	<input type="checkbox"/>	PLUG AND ABANDONMENT	<input type="checkbox"/>
CASING TEST AND CEMENT JOB	<input type="checkbox"/>	OTHER <b>SHUT WELL IN</b>	<input checked="" 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.

**WELL SHUT IN AUGUST 5, 1970 PENDING PLANS TO DISSOLVE UNIT.**

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

ORIGINAL SIGNED BY:

C. L. Wade

SIGNED

TITLE **AREA SUPERINTENDENT**

DATE **MAY 13, 1971**

APPROVED BY

TITLE **SUPERVISOR DISTRICT**

DATE

**MAY 17 1971**

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

MAY 1 1971

OIL CONCENTRATION 2.141  
NO. 1000, 10.11