

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

O+2 - NMOCD - P.O. Box 1980

Hobbs, NM 88240

1 - Engr. RH

1 - Foreman

1 - WIO's

1 - File

Form C-103
Revised 10-1-78

1. Indicate Type of Lease

State ☐

Fee ☒

5. State Oil & Gas Lease No.

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 checked="" type="checkbox"/> OTHER-	7. Unit Agreement Name
2. Name of Operator Getty Oil Company	8. Farm or Lease Name Dabbs
3. Address of Operator P.O. Box 730 Hobbs, NM 88240	9. Well No. 1
4. Location of Well UNIT LETTER M, 990 FEET FROM THE South LINE AND 330 FEET FROM THE West LINE, SECTION 34 TOWNSHIP 25S RANGE 37E NMPM.	10. Field and Pool, or Whidcat Jalmat Yates
15. Elevation (Show whether DF, RT, GR, etc.) 3005' GR	12. County Lea

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 ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

PULL OR ALTER CASING ☐

CHANGE PLANS ☐

CASING TEST AND CEMENT JOBS ☐

OTHER ☐

OTHER ☐

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 pulling unit and install BOP. Load hole with 2% KCl (+ 100 bbls).
2. Pull 2 3/8 tbg. and Guiberson KV 30P packer.
3. GIH with bit and scrapper and clean open hole to TD (2852').
4. POH.
5. GIH with hydrojet and jet from 2400 to 2852'.
6. By Schlumberger run CNL-CCL-GR from TD to surface.
7. Test 2 3/8" tbg. back in hole with packer and spot 22 bbls 15% HCl across open hole 2546' - 2852'.
8. Pull up and set packer at 2460'.
9. Acidize open hole as per service company's recommendation.
10. Swab or flow back load and test.

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 December 2, 1981

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: