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NEW MEXICO OIL CONSERVATION COMMISSION

3-NMOCD-P.O. Box 1980
Hobbs, NM 88240
1-JIM, ENGINEER
1-KINGSTON, FOREMAN
1-FILE

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

5a. Indicate Type of Lease	
State ☐	Fee ☒

5. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PERMISSION TO DRILL UP THE DEPTH OF WELL BACK TO A DIFFERENT RESERVOIR.
SEE INSTRUCTIONS FOR PERMIT C-103 (FORM C-103) FOR SUCH PROPOSALS.)

1. ☐ OIL WELL ☐ GAS WELL ☐ OTHER- <u>Water Injection Well</u>	7. Unit Agreement Name <u>West Dollarhide Drinkard</u> Unit
2. Name of Operator <u>Getty Oil Company</u>	8. Farm or Lease Name <u>West Dollarhide Drinkard</u> Unit
3. Address of Operator <u>P.O. Box 730 Hobbs, New Mexico 88240</u>	9. Well No. <u>3</u>
4. Location of Well UNIT LETTER <u>D</u> <u>660</u> FEET FROM THE <u>North</u> LINE AND <u>660</u> FEET FROM THE <u>West</u> LINE, SECTION <u>19</u> TOWNSHIP <u>24S</u> RANGE <u>38E</u> N.M.P.M.	10. Field and Pool, or Wildcat <u>Dollarhide Tubb-Drinkard</u>
11. Elevation (Show whether BF, RT, GR, etc.) <u>3167' GR</u>	12. County <u>Lea</u>

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 ☐	

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.
2. Remove meter run and install BOP.
3. Unset packer and pull injecting string.
4. Trip in hole with bridge plug and packer and test casing for hole.
5. If hole exists, set bridge plug above perfs and spot 10' sand on top.
6. Squeeze casing with 100-200 sxs class "C" cement, drill out.
7. Test injection string into hole.
8. Acidize with 5000 gallons 15% HCl acid.
9. Place well 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 9/11/81

APPROVED BY Dale R. Crockett TITLE Area Superintendent DATE 9/11/81