

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. Jim

1 - Foreman
1-Laura Rich
1 - File

Form C-103
Revised 10-1-79

5a. Indicate Type of Lease
State ☒ Fee ☐
5. State Oil & Gas Lease No.
B-9519

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-	7. Unit Agreement Name West Dollarhide Drinkard
2. Name of Operator Getty Oil Company	8. Farm or Lease Name Unit West Dollarhide Drinkard
3. Address of Operator P.O. Box 730. Hobbs, NM 88240	9. Well No. 23
4. Location of Well UNIT LETTER G 1980 FEET FROM THE North LINE AND 1980 FEET FROM THE East LINE, SECTION 29 TOWNSHIP 24S RANGE 38E NMPM.	10. Field and Pool, or Wildcat Dollarhide Tubb-Drinkard
15. Elevation (Show whether DF, RT, GR, etc.) 3223' DF	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 <input checked="" 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 <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <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 pulling unit, pull rods and install BOP.
2. Pull tubing and clean out to 6840' (PBTD) with bit & scrapper.
3. Selectively perforate lower Drinkard 6777-6819'.
4. Acidize new and existing perforations.
5. Place well on production.

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

SIGNED Dele R. Crockett TITLE Area Superintendent DATE January 28, 1983

APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON
CONDITIONS OF DISTRICT SUPERVISOR

TITLE _____ DATE FEB 10 1983


FEB 9 1983
O.C.D.
HOBBS OFFICE