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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
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.)

OIL WELL <input type="checkbox"/>	GAS WELL <input type="checkbox"/>	OTHER- <input checked="" type="checkbox"/> Water Injection
Name of Operator Getty Oil Co.		
Address of Operator P.O. Box 728, Hobbs, New Mexico 88240		
Location of Well UNIT LETTER <u>M</u> <u>660</u> FEET FROM THE <u>South</u> LINE AND <u>660</u> FEET FROM <u>West</u> <u>24</u> TOWNSHIP <u>24-S</u> RANGE <u>36-E</u> NMPM.		

7. Unit Agreement Name Cooper Jal Unit
8. Farm or Lease Name Cooper Jal Unit
9. Well No. 216
10. Field and Pool, or Wildcat JALMAT
12. County Lea

15. Elevation (Show whether DF, RT, GR, etc.)
3325' (GR)

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> REPAIR CASING LEAK

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 JOBS <input type="checkbox"/>	OTHER <input type="checkbox"/>

7. 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. Install BOP.
2. Locate casing leak @ approx. 280'.
3. Set cement retainer above leak. Cement squeeze csg leak W/125 sx class H Cement containing 2% CaCl. WOC. DOC. TEST.
4. Drill out CIBP @ 2965'.
5. Run injection tubing & Pkr. Return well to water injection.

THE OPERATOR MUST BE NOTIFIED
OF ANY WORK

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

SIGNED W.B. L. L. TITLE Dist. Opr. Mgr. DATE 1-8-85

ORIGINAL SIGNED BY JERRY SEXTON

APPROVED BY DISTRICT SUPERVISOR

TITLE _____

DATE JAN 14 1985

NOTATIONS OF APPROVAL, IF ANY:

RECEIVED

JAN 10 1985

O.C.D.
HODGES OFFICE