| NO. OF CAPICS PCCCIVED   |                          |                |                               | -           | Form C-103                      |   |          |
|--|--------------------------|----------------|-------------------------------|-------------|---------------------------------|---|----------|
| DISTRIBUTION   | 1                        |                |                               | · •         | Supersedes (<br>C•102 and C     |   |          |
| SANTA FE   | NEW MEXICO               | DIL CONSE      | RYATION COMMISSION            | · •         | Effective 1-1                   |   |          |
| FILE   |                          |                |                               |             |                                 |   |          |
| u,ş,g,s,   |                          |                |                               |             | 5a. Indicate Typ                | o of Leaso<br>Fee                       | F)       |
| LAND OFFICE  |                          |                |                               | 1           | State                           |   | <u> </u> |
| OPERATOR   |                          |                |                               |             | 5. State OH & G                 | as Lease No.                            |          |
|  |                          |                |                               |             | mmm.                            |   | rrr      |
| SUNDRY NO  | TICES AND REPO           | RIS ON V       | ELLS                          |             |                                 |   |          |
| (DO NOT USE THIS FORM FOR PROPERTIES   | PERMIT - TORN C-1        | GENERAL SOCI   |                               |             | 7. Unit Agreemo                 | nt Kucse                                | 7777     |
| . 0°L  |                          |                |                               | 1           |                                 |   | 71d A    |
| WELL S WELL OT   | HER-                     |                |                               |             | ivers Lanel 8. Farm of Leas     | e Nacela                                | UHLE     |
| . Name of Operator   |                          |                |                               |             | yers Langl                      |   | Imit     |
| Getty Oil Company  |                          |                |                               |             | 9. Well No.                     | Te-Hattia                               | UMALL    |
| 1. Address of Operator   |                          |                | •                             |             | 232                             |   |          |
| P. 0. Eox 1351, Hidland, Texas 79702   |                          |                |                               |             | 10. Field and I'ool, or Wildest |   |          |
| 1. Lecution of Well  |                          |                |                               |             | Langlie-Mattix                  |   |          |
| UNIT LETTER J  | FERT FROM THE            | South          | _ LINE AND                    | FEET FROM   |                                 |   | 1111     |
|  | 0                        | 245            | RANGE 37E                     | NMPM.       |                                 |   |          |
| THE EAST LINE, SECTION   | 8 TOWNSHIP               |                | RANGE                         | NMPM.       |                                 |   |          |
| mmmm   | 15. Elevation (She       | ow whether L   | F, RT, GR, etc.)              |             | 12. County                      |   |          |
|  |                          | 3279' DI       |                               |             | Lea                             |   | 7777     |
| 16. Charle tana  | Nov. To It               |                | ture of Notice, Repo          | or Oth      | er Data                         |   |          |
|  |                          | igicale iv     | SUB:                          | SEQUENT     | REPORT OF                       | <b>':</b>                               |          |
| NOTICE OF INTEN  | TION TO:                 |                |                               | •           |                                 |   |          |
|  | PLUG AKO AB              | ANDON          | REMEDIAL WORK                 |             | ALTE                            | RING CASING                             |          |
| PERFORM REMEDIAL WORK  | PEGG MAD NO.             |                | COMMENCE DRILLING OPHS.       | $\Box$      | PLUG                            | AND ABANDONMEN                          | 17 🔲     |
| TEMPCRARILY ABAHDON  | CHANGE PLAN              |                | CASING TEST AND CEMENT JO     | . []        |                                 |   |          |
| PULL OR ALYER CASING   |                          |                |                               | ng conne    | ctions                          | · · · · · · · · · · · · · · · · · · ·   | _ 🗷      |
|  |                          |                |                               |             |                                 |   |          |
| OTHER  |                          |                |                               | in abouting | actimated date of               | starting any pro                        | posed    |
| 17. Describe Proposed or Completed Operation   | ns (Clearly state all po | ertinent deta. | ils, and give pertinent date: | , incinaing | estimatea date of               | sources and the                         |          |
| work) SEE RULE 1903.   |                          |                |                               |             |                                 |   |          |
|  |                          |                |                               |             |                                 |   |          |
|  |                          | _              | · ·                           |             |                                 |   |          |
| Riser on 8-5/8" OD and 5-1/  | /2" OD casing            | brought        | to surface.                   |             |                                 | * · · · · · · · · · · · · · · · · · · · |          |
| •  |                          |                |                               |             |                                 | 1                                       |          |
| Inspected by L. A. Clements  | s on April 15,           | 1977.          | •                             |             |                                 |   |          |
| •  |                          |                |                               |             |                                 |   |          |
|  |                          | ,              | •                             |             |                                 |   |          |
|  |                          |                |                               |             |                                 |   |          |
|  |                          |                |                               |             |                                 | . •                                     |          |
|  | •                        |                |                               |             | •                               |   |          |
|  |                          |                |                               |             |                                 |   |          |
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| •  |                          |                |                               |             |                                 |   |          |
|  |                          |                |                               |             |                                 | •                                       |          |
|  |                          |                |                               |             |                                 |   |          |
|  |                          |                |                               |             |                                 |   |          |
|  |                          |                |                               |             |                                 |   |          |
|  |                          |                |                               |             |                                 |   |          |
| 14. I hereby certify that the information above  | : is true and complete   | to the best o  | i my knowledge and belief.    |             |                                 |   |          |
|  |                          |                | 9 1 OT                        |             |                                 | av 0 1077                               |          |
| stemen (signed) D. R. Crow. D. R.  | Crow                     | YITLE          | Lead Clerk                    |             | DAYEFU                          | <u> </u>                                |          |
| The second secon | . Signisia               |                |                               |             | MAV 1                           | 0.107-                                  |          |
| -  | Clemen                   |                |                               |             | wwi T                           | 3 1977                                  |          |
|  |                          | TITLE          |                               |             | . DATE                          |   |          |

CONDITIONS OF APPROVAL, IF ANYI