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NEW MEXICO OIL CONSERVATION COMMISSION

3-NMOCC-HOBBS 1-ELB, ENGR.
 1-R. J. STARRAK-TULSA 1-FILE
 1-A. B. CARY-MIDLAND

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 PROPOSALS TO DRILL OR TO REFINISH OR REEQUIP A WELL OR TO A DIFFERENT RESERVOIR.
 USE APPLICATION FOR PERMIT TO DRILL (FORM C-101) FOR SUCH PROPOSALS.)

1. ☒ OIL WELL ☐ GAS WELL ☐ OTHER

2. Name of Operator
 Getty Oil Company

3. Address of Operator
 P. O. Box 730, Hobbs, New Mexico 88240

4. Location of Well
 UNIT LETTER H 1650 FEET FROM THE North LINE AND 330 FEET FROM
 THE East LINE, SECTION 8 TOWNSHIP 24S RANGE 37E N.M.P.M.

15. Elevation (Show whether DF, RT, CR, etc.)
 3276' GR

7. Unit Agreement Name
 Myers Langlie Mattix Unit

6. Farm or Lease Name

9. Well No.
 217

10. Field and Pool, or Wildcat
 Langlie Mattix

12. County
 Lea

16. 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 <u>Clean out open hole & stimulate</u> ☒	CASING TEST AND CEMENT JOBS ☐	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.
2. Pull rods and pump.
3. Install BOP and pull tubing.
4. Clean out open hole to 3650'.
5. Acidize with 3000 gallons 15% HCL acid.
6. Swab test.
7. If results are not satisfactory, fracture treat.
8. Run tubing, pump, and rods, and place back on production.

8. 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 2-21-79
 ORIGINATED BY Jerry Sexton DATE FEB 20 1979
 CONDITIONS OF APPROVAL, IF ANY, Dist 1, Sup