NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

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 DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT —" FORM C-101 FOR SUCH PROPOSALS.)

7. Unit Agreement Name
Myers Langlie Mattix Unit

OIL WELL ☒ GAS WELL ☐ OTHER-

8. Farm or Lease Name

Name of Operator
Getty Oil Company

9. Well No.
147

Address of Operator
P. O. Box 730, Hobbs, N.M. 88240

10. Field and Pool, or Wildcat
Langlie Mattix

Location of Well
UNIT LETTER F, 1980 FEET FROM THE North LINE AND 1980 FEET FROM THE West LINE, SECTION 4 TOWNSHIP 24-S RANGE 37-E NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)
3264 G.L.

12. County
Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐ CHANGE PLANS ☐
OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER Casing Connections ☒

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.

Riser on 8 5/8" OD and 5 1/2" OD casing brought to surface.

Riser on _____ and _____ casing brought to surface.

Riser on _____ and _____ casing brought to surface.

Inspected by Nathan E. Clegg on _____

Inspected by L. A. Clements on _____

Inspected by Tony Plattsmier on 2/4/81

Inspected by E. W. Seay on _____

Inspected by Otto Wink on _____

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 February 19, 1981

APPROVED BY _____ TITLE OIL & GAS INSPECTOR DATE _____

CONDITIONS OF APPROVAL, IF ANY: