	Form Approved.  Budget Bureau No. 42-R1424
Form 9-331 Dec. 1973	5. LEASE
UNITED STATES	LC-029418 (b)
C/SF DEPARTMENT OF THE INTERIOR	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
GEOLOGICAL SURVEY	RECEIVED
THE PARTY ON WELLS	7. UNIT AGREEMENT NAME
SUNDRY NOTICES AND REPORTS ON WELLS	Skelly Unit ADD 1 100
SUNDRY NOTICES ATTO  The not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9–331–C for such proposals.)	8. FARM OR LEASE NAME APR 1 5 198
reservoir. Use form 9-001	Vice y Mills
1. oil gas other Injection Well	9. WELL NO."
2. NAME OF OPERATOR	103
Getty Oil Company	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR	11. SEC., T., R., M., OR BLK. AND SURVEY OR
D O Box 730	=1 = .
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	AREA Sec. 14, T-17-S - R-31-E
below.) AT SURFACE:Unit Ltr. F 1980 FNL & 1980 FWL	12. COUNTY OR PARISH 13. STATE
AT SURFACE:UNIC BUIL I 1988 THE AT TOP PROD. INTERVAL:	Eddy New Mexico
AT TOTAL DEPTH:	14. API NO. 25 2 8 2 5 2 5
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	,
REPORT, OR OTHER DATA	
* DEPORT OF	3909 GL
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	
FRACTURE TREAT SHOOT OR ACIDIZE	(NOTE: Report results of multiple completion or zone
REPAIR WELL	change on Form 9–330.)
PULL OR ALTER CASING 및 무	그 그 그는 그는 그는 기계 있었습니다. 후 가는 살린 그렇다.
MULTIPLE COMPLETE U U U U U U U U U U U U U U U U U U	그 그 그 그 그는 그는 그는 사람들이 물이 불병속이 됐다.
ABANDON*	ាន្ទាស់ និងក្នុងស្វា 🖁
(other)	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly s	tate all pertinent details, and give pertinent dates,
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly s including estimated date of starting any proposed work. If well is measured and true vertical depths for all markers and zones perting	nent to this work.)*
measured and true vertical depths for all markers and assess.	
22.	
1. Rig up pulling unit.	
<ol> <li>Install BOP.</li> <li>Pull packer and tubing.</li> </ol>	
att and seconds	
r DOU	
<ol> <li>POH</li> <li>RIH w/tubing and packer and acidize.</li> </ol>	Weise man
7 Swab load back.	npp 14 190
g pun TPC tubing w/packer.	APIX
9. Place well back on injection.	
	$\mathbf{v}^{i}$
	· · · · · · · · · · · · · · · · · · ·
	Set @ Ft.
Subsurface Safety Valve: Manu. and Type	
18. I hereby certify that the foregoing is true and correct	
TITLE AREA SUPERI	NTENDENT March 13, 1981
SIGNED CROCKE'I'L	ADDON
(This space for Federal or Sta	
APPROVED BY TITLE	DATE /
CONDITIONS OF APPROVAL. IF ANY:	APR 1 - 1981

\*See Instructions on Reverse Side

JAMES A. GILLHAM DISTRICT SUPERVISOR