

O+4-USGS

1-File

1 -Admin. Unit-Midland

1 -Engineer ( )

1 -Foreman (EH,

Form 9-331  
Dec. 1973Form Approved.  
Budget Bureau No. 42-R1424

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

## 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 Form 9-331-C for such proposals.)

1. ☒ well ☒ well ☐ other
2. NAME OF OPERATOR  
Getty Oil Company
3. ADDRESS OF OPERATOR  
P.O. Box 730
4. LOCATION OF WELL (REPORT LOCATION: CLEARLY. See space 17 below.)  
AT SURFACE: Unit Ltr. F, 1650 FNL & 2310' FWL  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

## REQUEST FOR APPROVAL TO:

- TEST WATER SHUT-OFF ☐
- FRACTURE TREAT ☐
- SHOOT OR ACIDIZE ☒
- REPAIR WELL ☐
- PULL OR ALTER CASING ☐
- MULTIPLE COMPLETE ☐
- CHANGE ZONES ☐
- ABANDON\* ☐

(other) Convert to 7-Rivers Injection

## SUBSEQUENT REPORT OF:

- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐

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MAY 7 1981

U.S. GEOLOGICAL SURVEY  
HOBBS, NM5. LEASE 4203  
LC-029419A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME  
Skelly Unit

8. FARM OR LEASE NAME

Skelly Unit

9. WELL NO.  
810. FIELD OR WILDCAT NAME  
Fren-7-Rivers11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
21, T17S, R31E

12. COUNTY OR PARISH

Eddy

13. STATE

New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)  
3765' DF

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work)\*

1. Rig up pulling unit and install B.O.P.
2. P.O.H. with rods and tubing
3. Run in hole with bit and scrapper and clean out to T.D.
4. P.O.H. and run back in with tubing and packer.
5. Set packer and acidize.
6. Swab load.
7. P.O.H. and run back in with AD and packer and 2 3/8 IPC tubing and set at  $\pm$  1960.
8. Convert to injection.

Subsurface Safety Valve: Manu. and Type

Set @ Ft.

18. I hereby certify that the foregoing is true and correct

SIGNED Dale R. Crockett TITLE Area Superintendent DATE

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

Subject to NMOC approval.

\*See Instructions on Reverse Side

APPROVED

MAY 13 1981

JAMES A. GILLHAM  
DISTRICT SUPERVISOR