

5-USGS-Drawer U, Artesia, NM 88210 1-EF&LG, Foremar

1-NMOCDD-Drawer DD, Artesia, NM 88210 1-File

Form 9-331 1-Admin. Unit-Midland

Dec. 1973 1-PWS, Engineer

N.M.O.C.D. COPY

Form 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. 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 (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: Unit 1tr. "O" 720' FSL & 1980 FEL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

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

| REQUEST FOR APPROVAL TO: | | SUBSEQUENT REPORT OF: | |
|--------------------------|-------------------------------------|-----------------------|--------------------------|
| TEST WATER SHUT-OFF | <input type="checkbox"/> | | <input type="checkbox"/> |
| FRACTURE TREAT | <input type="checkbox"/> | | <input type="checkbox"/> |
| SHOOT OR ACIDIZE | <input checked="" type="checkbox"/> | | <input type="checkbox"/> |
| REPAIR WELL | <input type="checkbox"/> | | <input type="checkbox"/> |
| PULL OR ALTER CASING | <input type="checkbox"/> | | <input type="checkbox"/> |
| MULTIPLE COMPLETE | <input type="checkbox"/> | | <input type="checkbox"/> |
| CHANGE ZONES | <input type="checkbox"/> | | <input type="checkbox"/> |
| ABANDON* | <input type="checkbox"/> | | <input type="checkbox"/> |
| (other) | | | |

| | |
|---|-----------------|
| 5. LEASE LC-029420 (b) | |
| 6. IF INDIAN, ALLOTTEE OR TRIBE NAME RECEIVED | |
| 7. UNIT AGREEMENT NAME Skelly Unit | |
| 8. FARM OR LEASE NAME Skelly Unit | |
| 9. WELL NO. 76 | |
| 10. FIELD OR WILDCAT NAME Seven Rivers | |
| 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 21, T-17-S, R-31-E | |
| 12. COUNTY OR PARISH Eddy | 13. STATE NM |
| 14. API NO. | |
| 15. ELEVATIONS (SHOW DF, KDB, AND WD) 3806' DF | |

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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 BOP.
2. POH with tubing and rods and RIH with bit and scraper.
3. POH and RIH with tubing and packer.
4. Spot surface converter and let soak 24 hours.
5. Rig up Knox and acidize with 2500 gallons of 15% NeFe.
6. Swab load back.
7. Place well on production.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED _____ TITLE Area Superintendent DATE July 2, 1981

APPROVED _____ (This space for Federal or State office use)

APPROVED BY (Orig. Sgd.) PETER V. CHESTER TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

JUL 8 1981

FOR

JAMES A. GILLHAM
DISTRICT SUPERVISOR

*See Instructions on Reverse Side