1-R. J. STARRAK-TULSA 1-A. B. CA "-IIDLAND UNITED S .res

1-EF, FOREMAN 1-FILE

1-BH

Form Approved. Budget Bureau No. 42-R1424

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DEPARTMENT	OF	THE	INTERIOR
G EOLOGI	SUR	VEY	

5. LEASE LC-029419 (A)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SHINDRY	NOTICES	AND	REPORTS	ON V	NELLS
JUILDILI	INVIOLU	11110	1111 01110	V11 1	ILLLU

(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.)

gas well well other Injection 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 AT SURFACE: Unit ltr. H, 1980' FNL & 560' FEL AT TOP PROD. INTERVAL:

AT TOTAL DEPTH:

FRACTURE TREAT

REPAIR WELL

CHANGE ZONES

ABANDON*

(other)

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

7. UNIT AGREEMENT NAME 4 Skelly Unit

8. FARM OR LEASE NAME

9. WELL NO. 46

10. FIELD OR WILDCAT NAME

Grayburg-Jackson, Fren-7 Rivers

11. SEC., T., R., M., OR BLK. AND SURVEY OR

Sec. 22, T-17S, R-31E :

12. COUNTY OR PARISH 13. STATE Eddy New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD) 3866' DF

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF SHOOT OR ACIDIZE X PULL OR ALTER CASING MULTIPLE COMPLETE

SUBSEQUENT REPORT OF:

RECEIVED

TE: Repostresults of multiple completion of charge on Form RECEI

り. C. C. ARTESIA, DEFICE

速度對 1978

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17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and proposed or complete of the complete o including estimated date of starting any proposed work. If well is directionally drilled, give subartes Apallow MEXICO measured and true vertical depths for all markers and zones pertinent to this work.)*

- Pull tubing. ı.
- 2. Perforate and acidize Fren-7 Rivers zone.

Open Fren-7 Rivers zone to injection

- 3. Run dual retrievable packer to + 2000' and a permanent single packer to 3200 +.
- Inject into the Fren-7 Rivers zone and the Grayburg-Jackson zone.

Subsurface Safety Valve: Manu. and Type ____

Ft.

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18. Thereby ceptify that the foregoing is true and correct

Area Supt. TITLE __

ACTING DISTRICT ENGINEER (This space for Federal or State TITLE

APPROVED BY CONDITIONS OF APPROVAL, IF ANY:

DATE

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