5-USGS-ARTESIA

UNITED STATES

Form 9-331 Dec. 1973

STARRAK-TULSA

1-FILE

1-A.B. CARY-MIDLAND Form Approved. Budget Bureau No. 42-R1424 COPY MMOCC 5. LEASE DEPARTMENT OF THE INTERIOR LC-029418 (b) 6. IF INDIAN, ALLOTTEE OR TRIBE NAME UNIT AGREEMENT NAME 8. FARM OR LEASE NAME Skelly Unit 9. WELL NO. 79 10. FIELD OR WILDCAT NAME Grayburg Jackson (SR.Q.B.SA) 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 23-17S-31E 12. COUNTY OR PARISH 13. STATE Eddy New Mexico 14. API NO. 15. ELEVATIONS (SHOP OF POR WEEVED 3862' DF **JUL** 1 0 1979 (NOTE: Report results of multiple completion change on Form ARTESIA, OFFICE

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.) oil gas other Water Injection well well 2. NAME OF OPERATOR Getty Oil Company 3. ADDRESS OF OPERATOR P. O. Box 730, Hobbs, NM 88240 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 AT SURFACE: Unit Letter N 660' FSL & 1980 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: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE **CHANGE ZONES ABANDON*** (other) Casing Connections 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.)* Riser on 8 5/8" OD and 5 1/2" OD casing brought to surface. Inspected by B. W. Weaver (NMOCC) on 1.AY 8 Inspected by Mike Williams (NMOCC) on U.S. GEOLOGICAL SURVEY Inspected by James Brasfield (USGS) on ARTESIA, NEW MEXICO 1379 MAY 1 Inspected by Bird Jones (USGS) on Set @ _____ Ft. Subsurface Safety Valve: Manu. and Type 18. I hereby certify that the foregoing is true and correct TITLE Area Supt. DATE SIGNED. (This space for Federal or State office use) TITLE ACTING DISTRIBL APPROVED BY (Orig. 5gd.) JOE G. LARA JUL 5 CONDITIONS OF APPROVAL, IF ANY: