

c/sf

RECEIVED BY
Form 9-331
Dec. 1973
DEC 17 1984 UNITED STATES
O. C. D. DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
ARTESIA, OFFICE

OIL CONS. COMMISSION
Drawer DD
Artesia, NM 88210

Form Approved.
Budget Bureau No. 42-R1424

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 ☐ gas ☐ other ☒ Water Injection

2. NAME OF OPERATOR
Getty Oil Co.

3. ADDRESS OF OPERATOR
P. O. Box 728, Hobbs, N.M. 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 650' FSL & 2087' FWL
AT TOP PROD. INTERVAL: (Unit Letter 'N')
AT TOTAL DEPTH:

5. LEASE
LC-029420 (A)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
-

7. UNIT AGREEMENT NAME
-

8. FARM OR LEASE NAME
Skelly Unit

9. WELL NO.
30

10. FIELD OR WILDCAT NAME
Fren - 7 Rivers & Grayburg Jackson

11. SEC., T., R., M. OR BLK. AND SURVEY OR AREA
Sec. 15, T-12-S, R-31-E

12. COUNTY OR PARISH
Eddy

13. STATE
New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3870' (DF)

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 type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL <input checked="" 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) <u>Repair Casing Leak</u>	

(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. INSTALL BOP. PULL TUBING AND PKR.
2. TEST CASING & ISOLATE LEAK.
3. CEMENT LEAKS WITH CEMENT VOLUME TO BE DETERMINED.
4. WOC. DOC. TEST.
5. RUN INJECTION EQUIPMENT. RETURN TO INJECTION.

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

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

SIGNED B. Frank Gray TITLE Dist. Opr's. Mgr. DATE 12-11-84

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 12-14-84

Subject to
Like Approval
by State