Form 9-331
Dec. 1973

**UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY**

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 well [X]   gas well [ ]   other

2. NAME OF OPERATOR

   Getty Oil Company

3. ADDRESS OF OPERATOR

   P.O. Box 3360, Casper, WY 82602

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
   AT SURFACE: 1510' FNL & 1730' FEL
   AT TOP PROD. INTERVAL: Same
   AT TOTAL DEPTH: Same

5. LEASE
   Contract #44-Tract #91

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
   Jicarilla Apache

7. UNIT AGREEMENT NAME
   –

8. FARM OR LEASE NAME
   Jicarilla "D"

9. WELL NO.
   3

10. FIELD OR WILDCAT NAME
    Lindrith Gallup/Dakota South

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
    G Section 5-T23N-R4W

12. COUNTY OR PARISH
    Rio Arriba

13. STATE
    New Mexico

14. API NO.
    –

15. ELEVATIONS (SHOW DF, KDB, AND WD)
    7037' GL

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) Spud and set surface casing

JUN 10 1982

(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.)*

Spudded @ 7:30 P.M. on 5-31-82.

Ran surface casing as follows:

Hole Size	Casing Size	Wt.#/Ft/&Grade	Depth Set	Cementing Information
12 1/4"	8 5/8"	24#, K-55	310'	Cemented with 275 sx. of Class "B" cement. Plug down on 6-1-82.

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

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

SIGNED _____   TITLE Area Superintendent   DATE   6-3-82

(This space for Fed or State office use)

APPROVED BY _____   TITLE _____   DATE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

JUL 11 1982

FARMINGTON

BY _____

NMOCC

*See Instructions on Reverse Side