

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 Co.
3. ADDRESS OF OPERATOR 3 Park Central Suite 7  
1515 Arapahoe, Denver, Colorado 80202
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
900' FSL = 990' FSL  
SW  $\frac{1}{4}$  SW  $\frac{1}{4}$  Sec. 25  
AT SURFACE:  
AT TOP PROD. INTERVAL: SE  $\frac{1}{4}$  SE  $\frac{1}{4}$   
AT TOTAL DEPTH:
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

5. LEASE  
SF-080500
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME  
Anderson "A"
9. WELL NO.  
2
10. FIELD OR WILDCAT NAME  
0 So. Blanco P.C.
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 25 T24N-R2W
12. COUNTY OR PARISH | 13. STATE  
Rio Arriba | New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)

REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

- |                                 |                          |
|---------------------------------|--------------------------|
| TEST WATER SHUT-OFF             | <input type="checkbox"/> |
| FRACTURE TREAT                  | <input type="checkbox"/> |
| SHOOT OR ACIDIZE                | <input type="checkbox"/> |
| REPAIR WELL                     | <input type="checkbox"/> |
| PULL OR ALTER CASING            | <input type="checkbox"/> |
| MULTIPLE COMPLETE               | <input type="checkbox"/> |
| CHANGE ZONES                    | <input type="checkbox"/> |
| ABANDON*                        | <input type="checkbox"/> |
| (other) <u>Plans to P&amp;A</u> |                          |

RECEIVED (NOT ch.  
JAN 04 1985 DIV.

(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.)\*

This well has been reviewed and found to be of no further value for recompletion or workover purposes.

Approval from management has been requested. As soon as approval is obtained, a procedure for plugging and abandoning will be filed on a Sundry Notice to your office. An estimated 45 days will be necessary for reply.

Subsurface Safety Valve: Manu. and Type ..

Set @ \_\_\_\_\_ Ft.

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

SIGNED [Signature] TITLE Dist. Manager DATE December 3, 1984 **ACCEPTED FOR RECORD**

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: \_\_\_\_\_

DATE DEC 11 1984

BLM(3)-OGCC(2)-JNH-RJH-ARM(2)

FARMINGTON RESOURCE AREA  
BY                     

\*See Instructions on Reverse Side