200. 11.0			
UNITED STATES	5. LEASE 68		
DEPARTMENT OF THE INTERIOR			
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME		
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.)	Jicarilla Apache 7. UNIT AGREEMENT NAME 8. FARM OR LEASE NAME		
1. oil gas well other	Jicarilla - B 9. WELL NO.		
2. NAME OF OPERATOR	20-E		
Getty Oil Company	10. FIELD OR WILDCAT NAME Otero Gallup-Basin Dakota 11. SEC., T., R., M., OR BLK. AND SURVEY OF AREA		
 3. ADDRESS OF OPERATOR P. O. Box 3360, Casper, Wyoming 82602 4. LOCATION OF WELL (REPORT LOCATION CLEARLY, See space 17 			
below.) AT SURFACE: 1830' FSL + 790' FWL (NWSW) AT TOP PROD. INTERVAL:	Sec 31-T25N-R5W 12. COUNTY OR PARISH 13. STATE Rio Arriba New Mexico		
AT TOTAL DEPTH: 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	14. API NO.		
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD 6762' Gr		
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF			
REPAIR WELL	(NOTE: Dancet was the of Authority and Authority		

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.)*

change on Form

Gallup - Set 5 1/2" Baker Model "F" packer @6450'. Spot 400 gal. 15% Acetic Acid from 6314-5914'. Perforate with 98 (0.250" Dia.) Holes at 5994-6001', 6008-10', 6015-20', 6031-38', 6051-68'. 6072-6104', 6108-14', 6139-42', 6170-75', and 6306'-10'. Acidize perforations with 4000 gal. 15% HCL. Frac perforations with 120,000 gal. Nitrified X-linked gel with 144,000# 20-40 sand, 80,000# 10-20 sand & 1,248,000 SCF of $\rm N_2$. Flushed with 107 BBLs. of 2% KCL water with 400 SCF N₂ per BBL.

Subsurface Safety Valve: Manu. and T	ype		Set @	Ft.
18. I hereby certify that the foregoing	is true and correct			
18. I hereby certify that the foreigning	TITLE Area Su	perintendentare		
	(This space for Federal	or State office use)		
APPROVED BY	TITLE	DATE		
CONDITIONS OF APPROVAL, IF ANY:		NMOCC		

*See Instructions on Reverse Side

PULL OR ALTER CASING

MULTIPLE COMPLETE CHANGE ZONES ABANDON* (other)