5. LEASE

UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

DEFAITMENT OF THE INTERIOR	SF 079600
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.)	7. UNIT AGREEMENT NAME
1. oil — gas	S. FARM OR LEASE NAME
well well x other	C.W. Roberts
2. NAME OF OPERATOR	9. WELL NO.
Getty Oil Company	3-A
3. ADDRESS OF OPERATOR	10. FIELD OR WILDCAT NAME Ojito Gall
P.O. Box 3360, Casper, WY 82602	Blanco Mesaverde/Dakota 11. SEC., T., R., M., OR BLK. AND SURVEY OF
 LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 	AREA
AT SURFACE: 1650' FSL 810' FWL Sec. 18	L Sec. 18 - T25N-R3W
AT TOP PROD. INTERVAL:	12. COUNTY OR PARISH 13. STATE
AT TOTAL DEPTH:	Rio Arriba New Mexico
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	14. API NO.
REPORT, OR OTHER DATA	15 ELEVATIONS
REQUEST FOR APPROVAL TO: SUBSFOLIENT REPORT OF	15. ELEVATIONS (SHOW DF, KDB, AND WD) 7090' GR
TEST WATER SHUT-OFF SUBSEQUENT REPORT OF:	7030 GR
FRACTURE TREAT	WITE TO THE REST OF THE PARTY O
	- VEL
REPAIR WELL PULL OR ALTER CASING	् (Norte: Report results of multiple completion or zone
MULTIPLE COMPLETE	change on Form 9–330.)
CHANGE ZONES	i en eupy ey i
ABANDON* (other) Spud & Surface Casing	14 2 M
ra- a sarrace casing	and the second s
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is dimeasured and true vertical depths for all markers and zones pertinent	e all pertinent details, and give pertinent dates, rectionally drilled, give subsurface locations and to this work.)*
Spudded @ 7:00 PM on 6-3-81.	
Drilled 12 1/4" hole, and run 7 jts (289' LTM) of 8 5/911 2/4 1/55
8rd, R3 casing set @ 302! Comput v/ 202	, or o 5/o, 24#, K-55, ST&C,
8rd, R3 casing set @ 302'. Cement w/ 300 sx (Class B w/ 2% CaCl ₂ , 1/4 #/sk
cellophane. Circulate out 15 sx.	
	<i>f</i>
ubsurface Safety Valve: Manu. and Type	Set @ Ft.
3. I hereby certify that the foregoing is true and correct	
	41-1.
Mich phighleel	DATE _6/5/8)
• (This space for Federal or State office	use)
PPROVED BY TITLE TITLE	DATE
APPROVAL, IF ANY:	DATE

*See Instructions on Reverse Side

DeanEllett