

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 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: 800' FNL & 1820' FWL
AT TOP PROD. INTERVAL: Same
AT TOTAL DEPTH: Same
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

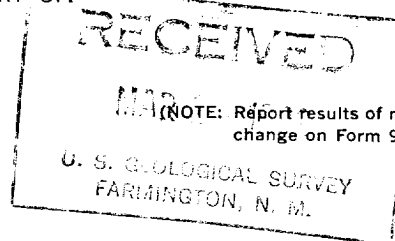
- TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐

SUBSEQUENT REPORT OF:

- ☐
☒
☐
☐
☐
☐
☐
☐

(other) Elevation corrections

5. LEASE
SF 079601
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
-
7. UNIT AGREEMENT NAME
-
8. FARM OR LEASE NAME
Lydia Rentz
9. WELL NO.
#7
10. FIELD OR WILDCAT NAME
Blanco Mesa Verde/Ojito Gallup-Dakot
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
C Section 20-T25N-R3W
12. COUNTY OR PARISH Rio Arriba 13. STATE New Mexico
14. API NO.
-
15. ELEVATIONS (SHOW DF, KDB, AND WD)
7222'



(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.)*

Please note the following corrections to our Sundry notices dated 8-14-81, 9-10-81 & 10-9-81: The ground level elevation should be 7222'(not 5222')

Please note the following correction to our completion report dated 2-4-82. Item no. 18 should show 7222' GL & 7235' KB(not 5222' GL & 5235' KB) On future Completion reports, we will only report KB elevation in Item No. 18 so that all depths may be referenced to that elevation.

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

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

SIGNED [Signature] TITLE Area Superintendent DATE 3-11-82

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE **ACCEPTED FOR RECORD**

NMOCC

*See Instructions on Reverse Side

MAR 10 1982

FARMINGTON DISTRICT
SM

BY _____