

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 730, Hobbs, NM 88240
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: Unit Ltr F, Sec. 1,
AT TOP PROD. INTERVAL: T26S, R37E
AT TOTAL DEPTH: 1650/N 2290/W
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* ☐
(other) ☐

SUBSEQUENT REPORT OF:

- ☒
☐
☐
☐
☐
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☐
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RECEIVED

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

JAN 23 1981

U.S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

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.)*

12/19/80 Drilled 10 5/8" hole to 3615'. Ran (1276') 29 jts. 8 5/8" 32# K-55 8rd ST&C R-3 and (2323') 55 jts. 8 5/8" 24# K-55 8rd ST&C casing and set @ 3615'. Halliubrtion cemented 8 5/8" casg. with 1250 sxs. Halliubrtion Lite with 15#/sk. salt, 1/4#/sk. Flocele, and 5#/sk. gilsonite. Tailed in with 200 sxs. Class "C" cement with 1/4#/sk. Flocele. Total cement 1450 sxs. Plug down @ 7:50 a.m. Cement did not circulate. Ran Temperature Survey and found top of cement at 1100'.

12/20/80 WOC 18 hrs. Tested to 1000# for 30 mins. OK.

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

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

SIGNED Dale R. Crockett TITLE Area Superintendent DATE 1/21/81

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: