

NMOCC
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5-USGS-ARTESIA
1-R. J. STARRAK-TULSA

1-A.B. CARY-MIDLAND
1-FILE

Form 9-331
Dec. 1973

Form Approved.
Budget Bureau No. 42-R1424

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 ☒ gas ☐ other ☐
2. NAME OF OPERATOR
Cetty 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 Letter P 660' FSL & 660' FEL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

- REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:
- | | | |
|-----------------------------------|--------------------------|--------------------------|
| TEST WATER SHUT-OFF | <input type="checkbox"/> | <input type="checkbox"/> |
| FRACTURE TREAT | <input type="checkbox"/> | <input type="checkbox"/> |
| SHOOT OR ACIDIZE | <input type="checkbox"/> | <input type="checkbox"/> |
| REPAIR WELL | <input type="checkbox"/> | <input type="checkbox"/> |
| PULL OR ALTER CASING | <input type="checkbox"/> | <input type="checkbox"/> |
| MULTIPLE COMPLETE | <input type="checkbox"/> | <input type="checkbox"/> |
| CHANGE ZONES | <input type="checkbox"/> | <input type="checkbox"/> |
| ABANDON* | <input type="checkbox"/> | <input type="checkbox"/> |
| (other) <u>Casing Connections</u> | | |

5. LEASE
IC-029418 (a)
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7.
8.
9.
10.
11. Sec. 14-17S-31E
12. COUNTY OR PARISH Eddy 13. STATE New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3907' DF

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

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APR 27 1979

U.S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give dates, including estimated date of starting any proposed work. If well is directionally drilled, give surface and measured and true vertical depths for all markers and zones pertinent to this work.)*

Riser on 8 5/8" OD and 7" OD casing brought to surface.

Inspected by B. W. Weaver (NMOCC) on _____
Inspected by Mike Williams (NMOCC) on _____
Inspected by James Brasfield (USGS) on _____
Inspected by Bird Jones (USGS) on _____

APR 25 1979

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O. C. C.
ARTESIA, OFFICE

Subsurface Safety Valve: Manu. and Type _____

Set @ _____ Ft.

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

SIGNED

D. R. Crockett

TITLE Area Supt.

DATE

APR 25 1979

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY

John Y. Lara

(This space for Federal or State office use)

ACTING DISTRICT ENGINEER

TITLE

DATE

APR 30 1979