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UNITED STATES
DEPARTMENT OF THE INTERIOR
O. C. GEOLOGICAL SURVEY

ARTESIA, OFFICE

NEW OIL CONS. COMMISSION

Drawer 33
Room 88210

CLSP

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 ☒ Water Injection

2. NAME OF OPERATOR

Getty Oil Company ✓

3. ADDRESS OF OPERATOR

P. O. box 728, Hobbs, N.M. 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: Unit Letter 'N', 660' FSL &
AT TOP PROD. INTERVAL: 1980' FWL
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 ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐

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(other) Inspect packer (X)

5. LEASE

LC-029418 (a)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Skelly Unit

8. FARM OR LEASE NAME

9. WELL NO.

34

10. FIELD OR WILDCAT NAME

Grayburg Jackson SR-Q-E-SH

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 14, T-17-S, R-31-E

12. COUNTY OR PARISH

Eddy

NM.

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

3893' (DF)

(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.)*

1. Rig up. Pull pkr. & tubing.
2. Inspect pkr.
3. Set pkr. @ 3170'.
4. Circ. pkr. Fluid.
5. Install injection wellhead and return to injection.

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

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

SIGNED W.B. Grier TITLE Dist. Opr. Mgr. DATE March 14, 1985

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 3-22-85

CONDITIONS OF APPROVAL, IF ANY:

**Subject to
Like Approval
by State**