

01874

NM OIL CONS. COMMISSION
0+6-BLM-Roswell, ~~Draper, DB~~-Engr PWS, 1-Foreman EF, 1-Laura Richardson 1-Mr. J.A. - Midland
Artesia, NM 88210

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 ☒ 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 1tr. K, 1980' FEL & 1980 FWL
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:

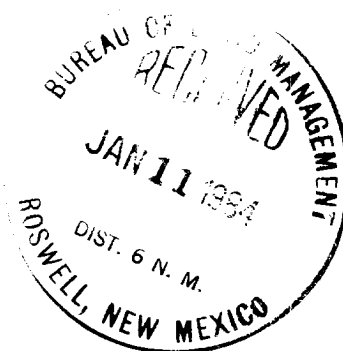
TEST WATER SHUT-OFF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING	<input 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)	<input type="checkbox"/>	<input type="checkbox"/>

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 pulling unit.
2. Pull rods.
3. Install BOP and pull tubing.
4. RIH w/B.P.
5. Run temp survey or CBL.
6. Squeeze water flow.
7. Drill out cmt. and recover BP.
8. Clean out to T.D.
9. Acidize w/6000 gals. 15% NEFE.
10. Return to production.

5. LEASE LC-029418(a)	<div>RECEIVED BY MAR 26 1984 O. C. D. ARTESIA, OFFICE</div>
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
7. UNIT AGREEMENT NAME	
8. FARM OR LEASE NAME Skelly Unit	
9. WELL NO. 23	
10. FIELD OR WILDCAT NAME Grayburg Jackson Q-G-SA	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 14-17S-31E	
12. COUNTY OR PARISH Eddy	13. STATE New Mexico
14. API NO.	
15. ELEVATIONS (SHOW DF, KDB, AND WD) 3909' DF	

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



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 January 6, 1984

APPROVED BY W. Chester (This space for Federal or State office use)

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

MAR 20 1984