

5-USGS-ARTESIA 1-ECT-FOREMAN
1-FILE 1-PS-I UNEER

Form 9-331
Dec. 1973

N.M.O.C.D. COPY

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

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: Unit Ltr. E, 1980 FNL & 660' FNL
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 checked="" 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) and run liner	

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. Install BOP
3. Pull stuck rods and tubing
4. Run in hole w/bit and scrapper
5. Run in hole w/liner
6. Acidize
7. Place well back on production

5. LEASE LC-0294 ¹⁸ B
6. IF INDIAN, ALLOTTEE OR TRIBE NAME RECEIVED
7. UNIT AGREEMENT NAME Skelly Unit
8. FARM OR LEASE NAME Skelly Unit
9. WELL NO. 104
10. FIELD OR WILDCAT NAME Grayburg-Jackson
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 14, 17S, 31E
12. COUNTY OR PARISH Eddy
13. STATE New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD) 3904' DF

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

APR - 1 1981

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

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

SIGNED _____ DATE 3/20/81
Area Superintendent

APPROVED (This space for Federal or State office use)

(Orig. Sgd.) PETER W. CHESTER
APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:
APR 3 1981

JAMES A. GILLHAM
DISTRICT SUPERVISOR See Instructions on Reverse Side