

N. IL CONS. COMMISSION

Drawer DD

Artesia, NM 88210

O+5 - USGS-P.O. Box 1857

1 - Engr.

Roswell, NM 88201

1 - Foreman

EF 1 - File Form Approved.

Form 9-331

Dec. 1973

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 deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

RECEIVED

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. O; 660' FSL & 1980' 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 ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☒

REPAIR WELL ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

CHANGE ZONES ☐

ABANDON* ☐

(other) ☐

5. LEASE

LC-029420 (B)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Skelly Unit

8. FARM OR LEASE NAME

9. WELL NO.

31

10. FIELD OR WILDCAT NAME

Grayburg-Jackson

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

Sec 15, T17S, R31E

12. COUNTY OR PARISH

Eddy

13. STATE

NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3855' 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 pulling unit.
2. Install BOP.
3. Pull rods.
4. Run free point.
5. Chemical cut tubing.
6. Run wash pipe and recover tubing.
7. Clean out to TD.
8. Acidize w/NEFE acid.
9. Recover load.
10. Place on production.

RECEIVED

DEC 23 1982

OIL & GAS
MINERALS MGMT. SERVICE
ROSWELL, NEW MEXICO

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 December 21, 1982

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

DEC 29 1982

BA L

JAMES A. GILLHAM

DEPUTY SUPERVISOR