

NM OIL CONS. COMMISSION

Order DD  
Artesia, NM 88210

C/SF

0+6-BLM-Roswell, 1-File, 1-Engr PWS, 1-Foreman EF, 1-Mr. J.A. Midland, 1-Laura Richardson

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 ltr. M, 660 FSL & 660 FWL  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

5. LEASE  
LC-029420 (A)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
Skelly Unit

9. WELL NO.  
29

10. FIELD OR WILDCAT NAME  
Grayburg-Jackson

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 15-17S-31E

12. COUNTY OR PARISH  
Eddy

13. STATE  
NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)  
3846' DF

RECEIVED BY  
MAR 26 1984  
O. C. D.  
ARTESIA, OFFICE

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)

(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. Pull rods and pump.
3. Install BOP.
4. Run bit and scraper.
5. Acidize well w/7000 gallons of 15% NEFE.
6. Swab load.
7. Return to production.

RECEIVED  
JAN 25 9 12 AM '84  
D. R. GROCKETT

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED Dale R. Crockett TITLE \_\_\_\_\_ DATE January 24, 1984

APPROVED (This space for Federal or State office use)

APPROVED (By: Sgd) PETER W. CHESTER TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:  
MAR 21 1984