

NM OIL CCNS. COMMISSION

I hereby DE

Artesia, NM 88210

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 formation (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 letter I, 1980' FSL & 660 FEET
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

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

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☒
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) ☐

SUBSEQUENT REPORT OF:

☐
☐
☐
☐
☐
☐
☐
☐

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.
25

10. FIELD OR WILDCAT NAME
Grayburg Jackson

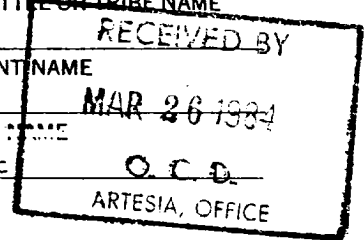
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 15-17S-31E

12. COUNTY OR PARISH
Eddy

13. STATE
NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3878' 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. Pull rods and pump.
3. Install BOP.
4. RIH w/bit and scraper to TD.
5. Acidize hole with 5500 gallons of 15% NEFE.
6. Swab back load.
7. Return to production.

RECEIVED
JAN 25 9 12 AM '84
BUREAU OF LAND MANAGEMENT
ROSSELL DISTRICT

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

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

SIGNED Peter W. Chester TITLE Area Superintendent DATE January 24, 1984

(This space for Federal or State office use)

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

CONDITIONS OF APPROVAL, IF ANY:

MAR 21 1984