

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

N.M.O.C.D. COPY

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 ☐ SEP 2 1979
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. C, 660' FNL & 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 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 checked="" 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) Collapsed Casing |                                     |                          |

RECEIVED

SEP 2 1 1979

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

U.S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO 87003

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.  
61
10. FIELD OR WILDCAT NAME  
Grayburg Jackson
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 21, T17S, R31E
12. COUNTY OR PARISH Eddy 13. STATE New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
3764' DF

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. Attempt to pull 2 3/8" tbgs. free. If that fails, will free point and fish remaining tubing with overshot.
3. Run in 7" casing with swage and attempt to mill out casing to proper ID.
4. Squeeze cement across bad section of casing and shut off water flow.
5. Place well back on production.

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 Supt. DATE 9-21-79

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: