

NM OIL CONS. COMMISSION
Drawer DD
Artesia, NM 88210

C/S 7

0+6-BLM, Roswell, 1-File, 1-Engr PS, 1-Laura Richardson, 1-Foreman EF

Form 9-331
Dec. 1973

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Form Approved.
Budget Bureau No. 42-R1424

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

JUN 29 1983

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 ☒ gas ☐
well 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 1tr. 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 ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☒
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) ☐

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5. LEASE

LC-029420 (b)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Office 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)

3765' DF

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JUN 6 1983

OIL & GAS

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 directional, give bearing, true and magnetic 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. Recover stuck tbg., run free point & cut tubing off if necessary.
4. Swage out bad casing.
5. Pull 5 1/2" slotted liner.
6. Jet wash open hole.
7. Run 4 1/2" slotted liner w/csg. pkr. & DV tool
8. Cement to surface.
9. Stimulate production.
10. Run rods & pump.
11. Place on production.

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

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

SIGNED Dale P. Crockett TITLE Area Superintendent DATE 6/2/83

(This space for Federal or State office use)

APPROVED BY (Orig. Sgd.) PETER W. CHESTER TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

JUN 27 1983