

NM OIL CORP.   
Drawer DD   
Artesia, NM 210

C/S A

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

Form 9-331   
Dec. 1973

UNITED STATES   
DEPARTMENT OF THE INTERIOR   
GEOLOGICAL SURVEY

JAN 26 1984

O. C. D.   
ARTESIA, OFFICE

Form Approved.   
Budget Bureau No. 42-R1424

5. LEASE   
LC 029420 (B)   
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 1tr. A 660' FNL & 660' 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:

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

SUBSEQUENT REPORT OF:

☐   
☐   
☐   
☐   
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☐   
☐   
☐   
☐

7. UNIT AGREEMENT NAME   
8. FARM OR LEASE NAME   
Skelly Unit   
9. WELL NO.   
59   
10. FIELD OR WILDCAT NAME   
Grayburg Jackson   
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA   
Sec. 21-17S-31E   
12. COUNTY OR PARISH 13. STATE   
Eddy NM   
14. API NO.   
15. ELEVATIONS (SHOW DF, KDB, AND WD)   
3826' 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. Recover stuck tubing.
5. Run liner and cmt. to surface.
6. Clean out and treat w/converter
7. Acidize w/6000 gals. 15% NEFE
8. Swab back load.
9. Place on production.

RECEIVED   
DEC 27 9 38 AM '83   
BUREAU OF   
ROSWELL DISTRICT

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 22, 1983

APPROVED (Only for Federal or State office use)   
PETER W. CHESTER TITLE DATE   
CONDITIONS OF APPROVAL, IF ANY

JAN 25 1984

\*See Instructions on Reverse Side