Form 9-331
Dec. 1973

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY RECEIVED

Form Approved.
Budget Bureau No. 42-R1424

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.)

JUN 14 1982

O. C. D.
ARTESIA OFFICE

1. oil
well XX   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. K 1980 FSL & 1980 FWL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

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.	
13	
10. FIELD OR WILDCAT NAME	
Fren 7-Rivers	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA	
Section 28 T17S, R31E	

12. COUNTY OR PARISH	13. STATE
Eddy	NM

14. API NO.

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

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3812' DF

	REQUEST FOR APPROVAL TO:	SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF	☐	☐
FRACTURE TREAT	☐	☐
SHOOT OR ACIDIZE	XX	☐
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. Install BOP.
3. POH with rods and tubing.
4. RIH with bit and scrapper.
5. RIH with jet sub and jet open hole.
6. RIH with packer and set @ ± 2000'.
7. Acidize with 6000 gals 15% NEFE.
8. Swab load,
9. Squeeze with inhibitor.
10. Return to production.

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

18. I hereby certify that the foregoing is true and correct
SIGNED _____ TITLE Area Superintendent DATE June 7, 1982
Dale R. Crockett

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: