C/SF

Form 9-331

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 reservoir. Use Form 9-331-C for such proposals.)

Form Approved.
Budget Bureau No. 42-R1424

5. LEASE LC-029240 (B)	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
7. UNIT AGREEMENT NAME	
8. FARM OR LEASE NAME Skelly Unit	
9. WELL NO. 74	
10. FIELD OR WILDCAT NAME Grayburg Jackson Fren 7-Rivers	

1. oil well ☒   gas well ☐   other

2. NAME OF OPERATOR
Getty Oil Company ✓

3. ADDRESS OF OPERATOR
P. O. Box 728, Hobbs, N.M.   88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 530' FSL & 530' FWL
              (Unit Letter 'M')
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 21, T-17-S, R-31-E	
12. COUNTY OR PARISH Eddy	**13. STATE** New Mexico
14. API NO.	
15. ELEVATIONS (SHOW DF, KDB, AND WD) 3773' (DF)	

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

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

	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)   TO: REPAIR CASING LEAK

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. Pull rods & pump. Install BOP. Pull tubing.
2. Clean out.
3. Locate casing leak.
4. Squeeze leaks with volumes determined by leaks found.
5. WOC. DOC. Test.
6. Install pumping equipment. Test & return to production.

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

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

SIGNED _W. B. ___ TITLE Dist. Opr's. Mgr   DATE 1-19-85

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 2-5-85
CONDITIONS OF APPROVAL. IF ANY:

*See Instructions on Reverse Side