

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

458

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 "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	<b>RECEIVED BY</b>  <b>SEP 19 1984</b>  <b>O. C. D.</b> <b>ARTESIA, OFFICE</b>	5. LEASE DESIGNATION AND SERIAL NO. LC-029419 (a)
2. NAME OF OPERATOR GETTY OIL COMPANY		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. BOX 730, Hobbs, N.M. 88240		7. UNIT AGREEMENT NAME Skelly Unit
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  Unit Ltr. I, 1980 FSL & 660 FEL		8. FARM OR LEASE NAME
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3851 DF	9. WELL NO. 51
		10. FIELD AND POOL, OR WILDCAT Grayburg-Jackson-SR-26-SR
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 22, T17-S, R31-E
		12. COUNTY OR PARISH Eddy
		13. STATE N.M.

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input checked="" type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input checked="" type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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 install BOP.
3. Pull tubing & set RBP @  $\pm 2900$ .
4. Rig up and run CBL.
5. If pipe is free, perforate.  
@ 600' (top of cement is @ 666'  
by temp survey).
6. Cement 8 5/8" casing to the surf.
7. WOC and test casing.
8. Drill out the cement.
9. Clean out to PBTD.
10. Acidize perms 3219 to 3606' and open hole.
11. Swab load.
12. Place well back on production.

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

SIGNED David R. Crockett TITLE Area Superintendent

DATE 8/24/84

(This space for Federal or State office use)

APPROVED BY Carlson TITLE CARLSBAD RESIDENT AREA

DATE 9-17-84

CONDITIONS OF APPROVAL, IF ANY:

0+6-BLM-Carlsbad, 1-Mr. J.A.-Midland  
1-File, 1-Engr PWS, 1-Foreman EF

\*See Instructions on Reverse Side