FA.B. CARY-MIDIANO 5-USCS-ARTESTA

Form 9-331 Dec. 1973

ABANDON\*

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY

Riser on 10 3/4" OD and

1-FILE 1-R. J. STARRAK-TULSA Form Approved. Budget Bureau No. 42-R1424 **NMOCC** UNITED STATES LC-029420 (b) DEPARTMENT OF THE INTERIOR 6. IF INDIAN, ALLOTTEE OR TRIBE NAME **GEOLOGICAL SURVEY** 7. UNIT AGREEMENT 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.) 8. FARM OR LEASE NAME Skelly Unit 1. oil well X 9. WELL NO. other well 70 2. NAME OF OPERATOR 10. FIELD OR WILDCAT NAME Getty Oil Company Grayburg Jackson 3. ADDRESS OF OPERATOR 11. SEC., T., R., M., OR BLK. AND SURVEY OR P. O. Box 730, Hobbs, NM 88240 AREA 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 21-17S-31E Sec. 660 E below.) AT SURFACE: Unit Letter Z 1980' FSL & 760' FWL 12. COUNTY OR PARISH 13. STATE New Mexico AT TOP PROD. INTERVAL: Eddy AT TOTAL DEPTH: 14. API NO. 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA 15. ELEVATIONS (SHOW DF, KDB, AND WD) 3881' DF SUBSEQUENT REPORT OF: REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF RECEIVED FRACTURE TREAT SHOOT OR ACIDIZE (NOTE: Report results of multiple change on Form 9-330.) REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE O. C. C. CHANGE ZONES

(other) Casing Connections 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.)\*

ARTESIA, DFFICE

1 Y 8 Inspected by B. W. Weaver (NMOCC) on Inspected by Mike Williams (NMOCC) on U.S. 050DDGBCAL SUCYTY Inspected by James Brasfield (USGS) on · ARTESIA, NEW included MAY 1979 Inspected by Bird Jones (USGS) on

7" OD casing brought to surface.

DATE

\_\_\_\_\_ Set @ \_\_\_\_ Ft. Subsurface Safety Valve: Manu. and Type 18. I hereby fertify that the foregoing is true and correct 7 1979 TITLE \_\_\_\_ Area Supt.\_\_\_ DATE \_\_\_ (Ozig. Sal) JON & MADE ACTING DISTRICT ENGINEER