

- 5 - USGS  
1 - NMOC D Artesia, Drawer DD, 88210  
1 - Admin. Unit - Midland

- 1 - PWS, Engineer  
1 - EF, IG, - Foremen  
1 - File

Form 9-331  
Dec. 1973

Form Approved.  
Budget Bureau No. 42-R1424

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.)

1. oil ☐ gas ☐ other ☐ Injection Well  
2. NAME OF OPERATOR  
Getty Oil Company /  
3. ADDRESS OF OPERATOR  
P.O. Box 730 Hobbs, New Mexico 88240  
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: Unit Ltr J, 1980 FWL & 1980 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: SUBSEQUENT REPORT OF:  
TEST WATER SHUT-OFF ☐ ☐  
FRACTURE TREAT ☐ ☐  
SHOOT OR ACIDIZE ☐ ☐  
REPAIR WELL ☒ ☐  
PULL OR ALTER CASING ☐ ☐  
MULTIPLE COMPLETE ☐ ☐  
CHANGE ZONES ☐ ☐  
ABANDON\* ☐ ☐  
(other) Cement squeeze hole in casing

5. LEASE  
LC-029418 (b)  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
7. UNIT AGREEMENT NAME  
Skelly Unit  
8. FARM OR LEASE NAME  
Skelly Unit  
9. WELL NO.  
#71  
10. FIELD OR WILDCAT NAME  
Grayburg/Jackson SR-G-16-SA  
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 23, 17S, 31E  
12. COUNTY OR PARISH  
Eddy  
13. STATE  
NM  
14. API NO.  
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
3868 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. Install BOP.
3. Pull tubing and packer.
4. RIH with bridge plug.
5. Rig up and run radio active tracer to pin point holes.
6. Run in and perforate two holes at leakage.
7. Cement squeeze the holes.
8. WOC then drill out cement.
9. Recover B.P.
10. RIH with packer and tubing and return to injection.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_ TITLE Area Superintendent DATE July 2, 1981

(Orig. Sig.) PETER W. CHESTER (Space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: JUL 8 1981

FOR  
JAMES A. GILLHAM  
DISTRICT SUPERVISOR

\*See Instructions on Reverse Side