Form 9-331

5-USGS-ARTESIA
1-A.B. CARY-MIDIAND
1-R. STARRAK-TULSA
1-FILE
Form Approved.
Budget Bureau No. 42-R1424

UNITED STATES

5. LEASE
IC-029419 (A)

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	IC-029419 (A) 6. IF INDIAN, ALLOTTEE OR TRIBE NAME 7. UNIT AGREEMENT NAME 8. FARM OR LEASE NAME Skelly Unit 9. WELL NO. 122
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 well other 2. NAME OF OPERATOR Getty Oil Company 3. ADDRESS OF OPERATOR P. O. Box 730, Hobbs, NM 88240	7. UNIT AGREEMENT NAME 8. FARM OR LEASE NAME Skelly Unit 9. WELL NO.
1. oil gas well other 2. NAME OF OPERATOR Getty Oil Company 3. ADDRESS OF OPERATOR P. O. Box 730, Hobbs, NM 88240	8. FARM OR LEASE NAME Skelly Unit 9. WELL NO.
1. oil gas well other 2. NAME OF OPERATOR Getty Oil Company 3. ADDRESS OF OPERATOR P. O. Box 730, Hobbs, NM 88240	Skelly Unit 9. WELL NO.
well & well other 2. NAME OF OPERATOR Getty Oil Company 3. ADDRESS OF OPERATOR P. O. Box 730, Hobbs, NM 88240	9. WELL NO.
Getty Oil Company 3. ADDRESS OF OPERATOR P. O. Box 730, Hobbs, NM 88240	122
3. ADDRESS OF OPERATOR P. O. Box 730, Hobbs, NM 88240	10. FIELD OR WILDCAT NAME
P. O. Box 730, Hobbs, NM 88240	Fren 7-R
P. O. Box 730, Hobbs, NM 88240 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 22-17S-31E
AT SURFACE: Unit Letter O 60' FSL & 1880' FEL AT TOP PROD. INTERVAL:	12. COUNTY OR PARISH 13. STATE Eddy New Mexico
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) 3820' Gr.
TEST WATER SHUT-OFF	(NOTE: Report results of multiple completion or zone change on Form 9–330.)
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly statistical including estimated date of starting any proposed work. If well is measured and true vertical depths for all markers and zones pertined.)	directionany drined, give substitute locations and
Riser on <u>8 5/8" OD</u> and <u>5 1/2" OD</u> casing by	REBEIVE
Inspected by B. W. Weaver (NMOCC) on	JUL 1 0 1979
Inspected by Mike Williams (NMOCC) on	· o. c. c.
Inspected by James Brasfield (USGS) on	ARTESIA, OFFICE
Inspected by Bird Jones (USGS) on	APR 3 0 1979
Subsurface Safety Valve: Manu. and Type	Ft.
18. I hereby certify that the foregoing is true and correct	1979
SIGNED D. R. Crockett TITLE Area Sup	t. DATE MAI 7
(This space for Federal or State (Orig. 3gd.) JOE G. LAN. TITAELING DISTRIC	

ENFD

*See Instructions on Reverse Side