

c/sf

ARTESIA, NM 88410  
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 well  gas well  other   
2. NAME OF OPERATOR  
Getty Oil Company ✓  
3. ADDRESS OF OPERATOR  
P. O. Box 728, Hobbs, New Mexico 88240  
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
2610' FSL & 150' FEL  
AT SURFACE: (Unit Letter 'H')  
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) COMMENCE DRILLING OPERATIONS

5. LEASE  
LC-029420  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
7. UNIT AGREEMENT NAME  
Skelly Unit  
8. FARM OR LEASE NAME  
Skelly Unit  
9. WELL NO.  
149  
10. FIELD OR WILDCAT NAME  
Grayburg Jackson ~~Fren-7~~ Rivers  
11. SEC., T., R., M. OR BLK. AND SURVEY OR AREA  
Sec. 21, T-17-S, R-31-E  
12. COUNTY OR PARISH 13. STATE  
Eddy New Mexico  
14. API NO.  
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
3424.2 (GR)

(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.)\*

SPUD 12 1/2" HOLE 6:00 AM, 12-2-84  
TOTAL DEPTH 509'

- 1. Ran 495' (13 JTS.) 8 5/8" OD 24# K-55 Csg & Set @ 509'.
- 2. Cemented W/400 SX Class H Cement containing 2% CaCl & 1/4# Flocele per sack. Cement circulated. Job complete 6:00 PM, 12-2-84. WOC IN excess of 18 hrs.
- 3. Tested 8 5/8" Csg to 1000# for 30 minutes, 7:00-7:30 PM, 12-3-84. Tested OK. Job complete 7:30 PM, 12-3-84./

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

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

SIGNED W.A. Baker II TITLE Dist. Opr's. Mgr. DATE 1-15-85

(This space for Federal or State office use)

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

JAN 25 1985