

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 3360, Casper, WY 82602

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1295' FNL, 1295' FWL (NW/4, NW/4)
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:
TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) ☐

SUBSEQUENT REPORT OF:

☐
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☐
☐
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☒

RECEIVED

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

APR 15 1985

OIL CON. DIV.
DIST. 3

5. LEASE

Contract No. 34

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Jicarilla Apache

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Jicarilla "C"

9. WELL NO.
2

10. FIELD OR WILDCAT NAME
S. Blanco - P.C.

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 28, T25N-R5W

12. COUNTY OR PARISH 13. STATE
Rio Arriba N.M.

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6608' DF

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.)*

60 sks Class "B" cement from 1775' to 2400' in 5 1/2" casing.

165 sks Class "B" cement from 300' to surface in 10 3/4" casing.

Set 4' dry hole marker on 3-22-80, cleaned and restored location.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED W. E. Galt TITLE Superintendent DATE 6-30-80

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: