

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	<input type="checkbox"/>	gas well	<input checked="" type="checkbox"/>	other
2. NAME OF OPERATOR Getty Oil Company				
3. ADDRESS OF OPERATOR P.O. Box 3360, Casper, WY 82602-3360				
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: 1050' FSL & 1040' FEL of Sec. 6 AT TOP PROD. INTERVAL: Same AT TOTAL DEPTH: Same				
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA				
REQUEST FOR APPROVAL TO:		SUBSEQUENT REPORT OF:		
TEST WATER SHUT-OFF	<input type="checkbox"/>		<input type="checkbox"/>	
FRACTURE TREAT	<input type="checkbox"/>		<input type="checkbox"/>	
SHOOT OR ACIDIZE	<input type="checkbox"/>		<input checked="" type="checkbox"/>	
REPAIR WELL	<input type="checkbox"/>		<input type="checkbox"/>	
PULL OR ALTER CASING	<input type="checkbox"/>		<input type="checkbox"/>	
MULTIPLE COMPLETE	<input type="checkbox"/>		<input type="checkbox"/>	
CHANGE ZONES	<input type="checkbox"/>		<input type="checkbox"/>	
ABANDON*	<input type="checkbox"/>		<input type="checkbox"/>	
(other)				
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.)*				
<p>On 3-11-83, RU and acidized w/ 200 gallons of 7.5% HCL w/ 1 gal/1000 gal of HAI-55, 2 gal/1000 gal of Cla-Sta, and 400 SCF/bbl of N<sub>2</sub>. Shut well in due to lack of demand for gas.</p>				

5. LEASE Contract #68	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla Apache	
7. UNIT AGREEMENT NAME --	
8. FARM OR LEASE NAME Jicarilla "B"	
9. WELL NO. #24	
10. FIELD OR WILDCAT NAME Basin Dakota	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA P, Section 6-T24N-R5W	
12. COUNTY OR PARISH Rio Arriba	13. STATE New Mexico
14. API NO. --	
15. ELEVATIONS (SHOW DF, KDB, AND WD) 6573' KB	

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

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

18. I hereby certify that the foregoing is true and correct *Acting*  
SIGNED *Dr. A. Benson* TITLE Area Superintendent DATE 3-22-83  
*RECD FOR RECORD*

(This space for Federal or State office use)

APPROVEMENT *Dr. A. Benson* DATE  
CONDITIONS OF APPROVAL *1983* TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
F ANY:

*AMOGC*

\*See Instructions on Reverse Side