

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 82602-3360
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:

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

SUBSEQUENT REPORT OF:

☐
☐
☒
☐
☐
☐
☐
☐

5. LEASE
Contract #68
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Jicarilla Apache
7. UNIT AGREEMENT NAME
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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.
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15. ELEVATIONS (SHOW DF, KDB, AND WD)
6573' KB

(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.)*

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 N₂. Shut well in due to lack of demand for gas.

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

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

SIGNED J. Dr. Benkinson TITLE Area Superintendent DATE 3-22-83

(This space for Federal or State office use)

APPROVED MM 30 1983 TITLE _____ DATE _____
CONDITIONS OF APPROVAL IF ANY: