Form 9-331 Dec. 1973	Form Approved. Budget Bureau No. 42–R1424
UNITED STATES	5. LEASE
DEPARTMENT OF THE INTERIOR	// SF-079602
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
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.)	7. UNIT AGREEMENT NAME 8. FARM OR LEASE NAME
1. oil gas other	L. L. McConnell 9. WELL NO.
2. NAME OF OPERATOR	#13 ³ Pac 4 925
Getty Oil Company	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR (307) 265-8386	West Lindrith Gallup/Dakota
P.O. Box 3360, Casper, WY 82602	11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	AREA Egy E
below.) 5 W AT SURFACE: 970' FWL & 1800' FML of Sec. 31	N, Section 31-T25N-R3W N.M. Principal
AT TOP PROD. INTERVAL: Same	12. COUNTY OR PARISH 13. STATE
AT TOTAL DEPTH: Same	Rio Arriba & New Mex1co
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE.	
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF	7254 'GR' S S S S S S S S S S S S S S S S S S S
TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE TEST WATER SHUT-OFF SHOOT OR ACIDIZE TEST WATER SHUT-OFF TEST WATER SHUT-OF	
REPAIR WELL \square \square NUV 24.19	NOTE: Report results of multiple completion or zone change on Form 9–330.)
MULTIPLE COMPLETE	
CHANGE ZONES U. S. GEOLOGICAL ABANDON* THE FARMINGTON (SURVEY N. M.
(other) Report of First Production	
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.)*	
OCS Federal prefix and Lease #: 82-079602	
The first saleable oil produced by this well was produced on October 8, 1982.	
Production was crude oil and casinghead gas.	
The well is currently SI waiting on a gas pipeline connection.	
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Subsurface Safety Valve: Manu. and Type	Ft.
18. I hereby certify that the foregoing is true and correct	(1)
SIGNED ALLE Area Superint	endemate 11-22-82
(This space for Federal or State office use)	
APPROVED BY	DATE HOLD TO THE TOTAL THE