UNITED STATES	Budget Bureau No. 42-R1424
DEPARTMENT OF THE INTERIOR	5. LEASE (\$\frac{1}{2}\) \(\frac{1}{2}\) \(\frac{1}2\) \(\frac{1}2\) \(\frac{1}2\) \(\frac{1}2\) \(\frac{1}2\) \(\frac{1}2\) \(\frac{1}2\) \(\
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 cother	E. W. Mudge
2. NAME OF OPERATOR	6
Getty Oil Company  3. ADDRESS OF OPERATOR	10. FIELD OR WILDCAT NAME
P.O. Box 3360, Casper, WY 82602	Bisti Gallup  11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	AREA
below.) AT SURFACE: 660' FSL & 1980' FEL of Sec. 16	Section 16-T25N-R11W  12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL: Same	San Juan New Mexico
AT TOTAL DEPTH: Same	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
	6441.9' DF
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF	
FRACTURE TREAT	
SHOOT OR ACIDIZE	(NOTE: Report results of multiple completion or zone
SHOOT OR ACIDIZE	change on Form 9–330.)
CHANGE ZONES	CAL SUM
ABANDON*	
(other) Change of Ownership and Well Name	
REPAIR WELL  PULL OR ALTER CASING  MULTIPLE COMPLETE  CHANGE ZONES  ABANDON*  (other) Change of Ownership and Well Name  17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is demeasured and true vertical depths for all markers and zones pertiner Getty Oilnow operator of this well since me in 1977, proposes to change the name of this E. W. Mudge Well No. 6	nt to this work.)* rging with Skelly Oil Company ear
Itwas formerly known as Skelly Oil Co.'s East	Bisti Unit Well No. 5
(Please note that the New Mexico Oil Conserva C-104 dated 2/9/77 denoting these same change	tion Commission has on file a formes).
Subsurface Safety Valve: Manu. and Type	
18. I hereby certify that the foregoing is true and correct	(39,5)
SIGNED DO TITLE Area Superint	endenbare 10 18 82
ACCEPIEN FOR RECORDACE for Federal or State of	
APPROVED BY TITLE	DATE
conditions of APPROVAL OF 1982	

FARMINGTON DISTRICT NW

NMOCC"