Form Approved. Budget Bureau No. 42-R1424

5. LEASE

UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

DEPARTMENT OF THE INTERIOR	I-149 Ind. 8465
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
	- Navajo
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME
(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.)	-
	8. FARM OR LEASE NAME
1. oil gas well other	Charley Pah
2. NAME OF OPERATOR	9. WELL NO.
	#4
Getty Oil Company 3. ADDRESS OF OPERATOR	10. FIELD OR WILDCAT NAME
P.O. Box 3360, Casper, WY 82602-3360	South Blanco Pictured Cliff
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	11. SEC., T., R., M., OR BLK. AND SURVEY OF AREA
below.)	
AT SURFACE: 1750' FSL & 1400' FEL of Sec. 12	J, Section 12-T27N-R9W 12. COUNTY OR PARISH 13. STATE
AT TUP PROID INTERVALE C	1 7 7
AT TOTAL DEPTH: Same	San Juan New Mexico 14. API NQ.
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	5949' DF
FRACTURE TREAT	1903 P. 1
SHOOL OK ACIDIZE	
REPAIR WELL	(NOTE: Report results of multiple completion or zone
PULL OR ALTER CASING	change on Form 9-330.)
CHANGE ZONES	*
ABANDON*	
(other)	
17 DECODING PROPERTY OF	<u></u>
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is dimeasured and true vertical depths for all markers and zones pertinent	e all pertinent details, and give pertinent dates,
measured and true vertical depths for all markers and zones pertinent	t to this work.)*
On /-15 92 PU1 1	
On 4-15-83, RU and acidized w/ 20,000 SCF of w/ 2 gal/1000 gal Cla Sta 2 gal/1000 gal in	$^{ m N}_{ m 2}$ pad § 800 Gallons of 7.5% HC
w/ 2 gal/1000 gal Cla Sta, 2 gal/1000 gal inh	nibitor nitrified w/ 350 SCF/bbl.
	The state of the s
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	(1985년 - 1985년 - 1985년 - 1985년 - 1985
	and the state of
Subsurface Safety Value M	: : : : : : : : : : : : : : : : : : :
Subsurface Safety Valve: Manu. and Type	Set @ Ft.
8. I hereby certify that the foregoing is true and correct	
SIGNED WENT TITLE Area Superinte	
IGNED TITLE Area Superinter	ndenbate4-20-83
(This space for Federal or State office	e use)
PPROVED BY TITLE	,
UNDITIONS OF APPROVAL, IF ANY:	DATE
MAY 0 1983	
	
	그 사람이 살아 다른 사람이 되었다.

FIX

*See Instructions on Reverse Side