UNITED STATES	5. LEASE	
DEPARTMENT OF THE INTERIOR	I-149-Ind. 8464	
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo	
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT N	AME
Do not use this form for proposals to drill or to deepen or plug back to a different eservoir. Use Form 9–331–C for such proposals.)	<u> </u>	
eservoir, Use Form 9–331–C for such proposals.)	8. FARM OR LEASE NAM	
1. oil gas XX other	Nellie Plater	0
well Well XX other	9. WELL NO.	
2. NAME OF OPERATOR	#4	
Getty Oil Company	10. FIELD OR WILDCAT NAME South Blanco Pictured Cliffs	
3. ADDRESS OF OPERATOR	11. SEC., T., R., M. OR BLK. AND SURVEY OR	
P.O. Box 3360, Casper, WY 82602-3360 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	AREA	
below.)	J, Section 11-T	
AT SURFACE: 1750' FSL & 1750' FEL of Section 11 AT TOP PROD. INTERVAL: Same	12. COUNTY OR PARISH	· ·
AT TOP FROD. INTERVAL. Same AT TOTAL DEPTH: Same	San Juan	New Mexico
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	14. API NO.	
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW	LDE KOR AND WO
· · · · · · · · · · · · · · · · · · ·	5991 GR	DI, KDB, AILD 110)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF		
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL SUBSEQUENT REPORT OF: SUBSEQUENT REPORT OF	<i>,</i> ≥93	
FRACTURE TREAT	100	
SHOOT OR ACIDIZE REPAIR WELL T T T T T T T T T T T T	(NOTE: Report results of m	ultiple completion or when
PULL OR ALTER CASING	്രാ change on Form 9-	
MULTIPLE COMPLETE	•	.
CHANGE ZONES		
ABANDON* L L L L L L L L L L L L L L L L L L L		<i>y</i> ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;
(billet)		
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly stat including estimated date of starting any proposed work. If well is d measured and true vertical depths for all markers and zones pertiner On 2-16-83, RU and acidized Pictured Cliffs gallons of 7.5% HCl w/ 2 gal./1000 gallons Cl and 500 SCF/bbl of N2. Flow Tested.	irectionally drilled, give sult to this work.)* perforations 2040	-2100' w/ 200
•		
•		
	Se	r@ Ft:
Subsurface Safety Valve: Manu. and Type		
Subsurface Safety Valve: Manu. and Type 18. I hereby certify that the foregoing is true and correct SIGNED	ndontours 2.22	92
SIGNED TILLARES Superinte	ndent DATE	·03
(This space for Federal or State of	fice use)	
APPROVED BY TITLE	DATE	
APPROVED BY THEE CONDITIONS OF APPROVAL, IF ANY:		·
MAI 1983		

FAX

NMOCC

*See Instructions on Reverse Side