

UNIT STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions on
reverse side)

Form approved.
Budget Bureau No. 42-R1424.

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 "APPLICATION FOR PERMIT—" for such proposals.)

| | | | |
|--|--|---|-------------------------|
| 1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> | | 5. LEASE DESIGNATION AND SERIAL NO. LC-032650 (b) | |
| 2. NAME OF OPERATOR GETTY OIL COMPANY | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME | |
| 3. ADDRESS OF OPERATOR P. O. BOX 249, HOBBS, NEW MEXICO 88240 | | 7. UNIT AGREEMENT NAME | |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FNL & 1980' FEL SECTION 24 | | 8. FARM OR LEASE NAME A. B. COATES "C" | |
| 14. PERMIT NO. | | 9. WELL NO. 6 | |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3083' | | 10. FIELD AND POOL, OR WILDCAT JUSTIS MONTOYA | |
| | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 24 T25S, R37E | |
| | | 12. COUNTY OR PARISH LEA | 13. STATE NEW MEXICO |

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

| | |
|--|---|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | MULTIPLE COMPLETE <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | ABANDON* <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> |
| (Other) <input type="checkbox"/> | |

| | |
|--|--|
| WATER SHUT-OFF <input type="checkbox"/> | REPAIRING WELL <input type="checkbox"/> |
| FRACTURE TREATMENT <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input type="checkbox"/> |
| (Other) Add'l Perforate & Frac <input checked="" type="checkbox"/> | |

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)*

Additionally perforated Montoya from 6706-26'; 6742-44'; 6758-62', and 6766-80' with one jet per foot. Fraced with 83,000 gals. gelled brine and 97500# of 20-40 sand in 3 stages. Well failed to flow after swabbing. Ran rods and put well on pump.

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

SIGNED EUGENE J. MILLER
ORIGINAL SIGNED BY
EUGENE J. MILLER

TITLE AREA ENGINEER

DATE March 29, 1974

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

*See Instructions on Reverse Side