

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
HOBBS, NEW MEXICO 88240

Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.
LC-067968

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.)

<p>1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/></p> <p>2. NAME OF OPERATOR Getty Oil Company</p> <p>3. ADDRESS OF OPERATOR P.O. Box 730, Hobbs, NM 88240</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit Ltr. H, 2310' FNL & 810' FEL, Sec. 30, T-24S, R-38E</p>	<p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME West Dollarhide Queen Sand</p> <p>8. FARM OR LEASE NAME Unit</p> <p>9. WELL NO. 8</p> <p>10. FIELD AND POOL, OR WILDCAT Dollarhide Queen</p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 30, T-24S, R-38E</p>
<p>14. PERMIT NO.</p>	<p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3169' DF</p>
	<p>12. COUNTY OR PARISH Lea</p> <p>13. STATE NM</p>

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"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Clean out & Stimulation</u> <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.)*

5/1/84 TD 3741'. 10 3/4" @ 2851', 7" @ 3674'. Rig up X-pert, pull rods and tbg. Ran 6 1/4" bit to 3125'.

5/2/84 Clean out @ 3711-41'. Pull bit. Ran 7" pkr on 2 7/8" tbg. Set @ 3505'.

5/3/84 By Dowell frac open hole 3674-3741 w/ 20,000 gals of crosslinked 2% KCL gel, 65,000# of 12-20 sand. Max 3530#, Avg 2950#, rate 20 bbls /min. SITP 2000#, 15 min 1870#, total load 551.

5/4/84 TP 1250#. Flow 3 hours & recovered 126 bbls L 425 to go. Pulled tbg & pkr. Ran 118 jts of 2 3/8". Circ out sand from 3729-41. Land tbg @ 3703'. SN @ 3671'. Ran 2" x 1 1/2" x 16' pump. Placed well back on production.

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

SIGNED Dale R. Crockett TITLE Area Superintendent DATE May 8, 1984

ACCEPTED FOR RECORD

(This space for Federal or State office use)

APPROVED BY _____ TITLE SWP DATE _____

CONDITIONS OF APPROVAL, IF ANY:

- 0+6-BLM-Carlsbad
- 1-File
- 1-Engr JM 1-JA, 1-BB
- 1-Foreman CK 1-Mr. J.A.-Midland

*See Instructions on Reverse Side

RECEIVED

MAY 16 1984

O.C.D.
HOBBBS OFFICE