

NMOCC
ROSWELL OFFICE COPY

5-USGS-ARTESIA
1-R. J. STARRAK-TULSA

1-A.B. CARY-MIDLAND
1-FILE

Form Approved.
Budget Bureau No. 42-R1424

Form 9-331
Dec. 1973

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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.)

1. oil well ☐ gas well ☐ other Water Injection
2. NAME OF OPERATOR
Getty Oil Company
3. ADDRESS OF OPERATOR
P. O. Box 730, Hobbs, NM 88240
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: Unit Letter J, 1980' FSL & 1980' FSL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:	SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF <input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE <input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES <input type="checkbox"/>	<input type="checkbox"/>
ABANDON* <input type="checkbox"/>	<input type="checkbox"/>
(other) <u>Casing Connections</u>	

5. LEASE
IC-029418 (b)
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Iea "C"
9. WELL NO.
4
10. FIELD OR WILDCAT NAME
Grayburg Jackson
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 11-17S-31E
12. COUNTY OR PARISH
Eddy
13. STATE
New Mexico
14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3954' DF

(NOTE: Report results of sample completion or zone change on Form 9-330.)

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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.)*

Riser on 8 5/8" OD and 5 1/2" OD casing brought to surface.

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Inspected by B. W. Weaver (NMOCC) on _____
Inspected by Mike Williams (NMOCC) on _____
Inspected by James Brasfield (USGS) on _____
Inspected by Bird Jones (USGS) on APR 28 1979

MAY 2 1979

O. C. C.
ARTESIA, OFFICE

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED D. R. Crockett TITLE Area Supt. DATE APR 30 1979

(This space for Federal or State office use)

APPROVED BY [Signature] ACTING DISTRICT ENGINEER DATE APR 30 1979
CONDITIONS OF APPROVAL, IF ANY: