Form 9-331	UNITED STA	TFS SUBMIT IN TRIPLIC	CATE Form approved.
(May 1963)		IE INTERIOR (Other instruct'	Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO.
	GEOLOGICAL		LC - 029418 (A) 6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SU (Do not use t	JNDRY NOTICES AND R his form for proposals to drill or to d Use "APPLICATION FOR PERMI	6. IF INDIAN, ALLOTTER OR TRIBE NAME	
1.			7. UNIT AGREEMENT NAME
OIL X GAS WEL		RECEIVED	Skelly Unit
2. NAME OF OPERATO	V		8. FARM OR LEASE NAME
Getty	Oil Company	AUG 1 7 1977	
3. ADDRESS OF OPERA	ATOR	71.00 E	9. WELL NO.
PΩ	Box 730: Hobbs, New Me	xico 88240	33
4. LOCATION OF WELL	Box 730; Hobbs, New Me (Report location clearly and in accor-	dance with any State requirements.	10. FIELD AND POOL, OR WILDCAT
See also space 17 At surface	below.)	ARTESIA, OFFICE	Grayburg-Jackson O-3-3
Unit M, 66	60 FSL and 660 FWL		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
			14-17S-31E
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE
			Now Movie
	13323	' DF	Eddy New Mexic
TEST WATER SHU FRACTURE TREAT SHOOT OR ACIDIZ	MULTIPLE COMPLET ABANDON*	WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZIN	
REPAIR WELL	CHANGE PLANS	(Other)(Norm: Report	results of multiple completion on Well
(Other) XXX	- Bring cement top up	Completion or R	Recompletion Report and Log form.)
17. DESCRIBE PROPOSE proposed work. nent to this wor	If well is directionally drilled, give	tate all pertinent details, and give pertinent subsurface locations and measured and true	dates, including estimated date of starting any vertical depths for all markers and zones perti-
		,	
1 D. 11	and tubing		
	rods and tubing.		무장님이 가지 않는데
	ement bond logs.	1 Dimensi	
3. Perfo	rate and bring cement t	cop above /-Rivers.	
	emperature survey.		
Rerun	tubing and rods.	•	
6. Place	well back on production	on.	
			DEATH
			RECEIVED
			AUG 10 1977
			U.S. GEOLOGICAL SURVEY ARTESIA, NEW MEXICO
			and the second s

18. I hereby certify that the foregoing is true and correct SIGNED Area Superintendent APPROVED BY
CONDITIONS OF APPROVAL, IF ANY: (This space for Federal or State office use) DATE . TITLE

*See Instructions on Reverse Side