

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP  
(Other instruction:  
verse side)

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

9/5F

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"/>	2. NAME OF OPERATOR Getty Oil Company	3. ADDRESS OF OPERATOR P.O. Box 730, Hobbs, New Mexico 88240	4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Unit Ltr H, 1980' FNL & 660' FEL	5. LEASE DESIGNATION AND SERIAL NO. LC-029418 (A)	6. IF INDIAN, ALLOTTEE OR TRIBE NAME	7. UNIT AGREEMENT NAME	8. FARM OR LEASE NAME Skelly Unit	9. WELL NO. 50	10. FIELD AND POOL, OR WILDCAT Grayburg Jackson-SR-0-5-5A	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 23, 17S, 31E	12. COUNTY OR PARISH Eddy	13. STATE NM
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3886' DF											

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input checked="" 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"/>	

SUBSEQUENT REPORT OF:

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) <input 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.)\*

1. Rig up pulling unit.
2. Pull rods and tubing.
3. RIH w/BP and set it @ ±3150'.
4. Squeeze waterflow @ 3002'.
5. WOC.
6. Drill out and test squeeze.
7. Pull plug.
8. Acidize Grayburg 7-Rivers.
9. Return to production.

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

SIGNED Dale R. Crockett

TITLE Area Superintendent

DATE 7/2/84

(This space for Federal or State office use)

APPROVED BY: [Signature]  
CONDITIONS OF APPROVAL, IF ANY:

TITLE [Signature]

DATE 8-21-84

0+6-BLM-Carlsbad

1-File, 1-Engr PWS

1-Foreman EF, 1-Mr. J.A.-Midland \*See Instructions on Reverse Side