

USGS-EDDY-ARTESIA

1-FILE 1-ENGR-PS 1-FOREMAN-ED FOWLER

Form 9-331
Dec. 1973

Form Approved.
Budget Bureau No. 42-R1424

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 Injection Well

2. NAME OF OPERATOR
Getty Oil Company

3. ADDRESS OF OPERATOR.
P. O. Box 730 Hobbs, New Mexico

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: Unit Ltr. L 1980 PSL & 660 FWL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

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

REQUEST FOR APPROVAL TO:

- TEST WATER SHUT-OFF
- FRACTURE TREAT
- SHOOT OR ACIDIZE
- REPAIR WELL
- PULL OR ALTER CASING
- MULTIPLE COMPLETE
- CHANGE ZONES
- ABANDON*
- (other)

SUBSEQUENT REPORT OF:

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-
-
-
-
-
-
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5. LEASE
LC-029418 (b)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME **RECEIVED**

7. UNIT AGREEMENT NAME
APR 15 1981

8. FARM OR LEASE NAME
Lea "C" **O. C. D.**

9. WELL NO. **ARTESIA, OFFICE**
11

10. FIELD OR WILDCAT NAME
Grayburg-Jackson

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Section 11, 17S, 31E

12. COUNTY OR PARISH **Eddy** 13. STATE **New Mexico**

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3936 DF

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

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. Install BOP.
3. POH w/tubing and packer.
4. RIH w/bit and scrapper and clean out to T.D.
5. POH.
6. RIH w/tubing and packer.
7. Acidize perfs.
8. Swab load back.
9. Run in hole w/IPC tubing and packer.
10. Return to injection.

DEPT. OF THE INTERIOR
APR 14 1981

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

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

SIGNED Paul R. Crockett TITLE Area Superintendent DATE March 13, 1981

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

APPROVED
[Signature]
APR 14 1981
JAMES A. GILLHAM
DISTRICT SUPERVISOR