.ca ::>5v	N.M.O.C.D. C	OPY·
ronn sein	, and the following	I-ED FOWLER Form Approved.
Dec. 1973	UNITED STATES	Budget Bureau No. 42-R1424
	· · · · · · · · · · · · · · · · · · ·	5. LEASE
1/45	DEPARTMENT OF THE INTERIOR	LC-029418(b)
	GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUN	DRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME
(Do not use	e this form for proposals to drift or to deepen or plug back to a different loa Form 9-331-0 for such proposals.	
	3 001 0 00 3007 (70 3037)	8. FARM OR LEASE NAME
1. oit well	gas well other Injection Well	Lea "C"
		9. WELL NO.
2. NAME OF OPERATOR  Getty Oil Company /		15
3. ADDRESS OF OPERATOR P. O. Box 730 Hobbs, New Mexico		10. FIELD OR WILDCAT NAME
		Grayburg-Jackson
4 1004		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
4. LUCA below	TION OF WELL (REPORT LOCATION CLEARLY. See space 17	
AT SURFACE: Unit Ltr. H, 1980 FNL & 660 FEL AT TOP PROD. INTERVAL:		Section 11, 17S, 31E  12. COUNTY OR PARISH 13. STATE
AT TO	OTAL DEPTH:	Eddy New Mexico
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,		24. All IVO.
	RT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
		3966 GR
-	FOR APPROVAL TO: SUBSEQUENT REPORT OF:	
	TER SHUT-OFF	
FRACTURE TREAT		
REPAIR W		(NOTE: Papart regulate of models are
PULL OR ALTER CASING		(NOTE: Report results of multiple completion or zone change on Form 9-330.)
MULTIPLE COMPLETE		
CHANGE .		
(other)		
<u> </u>		
17. DESC	RIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state	e all pertinent details, and give pertinent dates,
inciuo	ling estimated date of starting any proposed work. If well is di ured and true vertical depths for all markers and zones pertinen	irectionally drilled give subsurface locations and
***************************************	and the revited depths for an markers and zones pertinen	t to this work.)
,	min and the	
1.	Rig up pulling unit.	
2. 3.	Install BOP.	
	POH w/tubing and packer.	<u>_</u> _
4. 5.	RIH w/bit and scrapper and clean out to	ID.
J.	POH.	

- 6. RIH w/tubing and packer.
- 7. Acidize perfs.
- 8. Swab load back.
- 9. Run in hole w/IPC tubing and packer.
- Return to injection. 10.

Subsurface Safety Valve: Manu. and Typ	e		Set @ Ft.
18. I hereby certify that the foregoing is	true and correct		
SIGNED Dale R. Crockett	Area Superintendent	DATE Ma	arch 13, 1981
Jan III OLOGNOCO	(This space for Federal or State office use)		APPROVED
APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	TITLE	DATE	AP21 4 1004
			- WEU 7 & 1881

\*See Instructions on Reverse Side

JAMES A. GILLHAM DISTRICT SUPERVISOR