

NMOCD
ROSWELL OFFICE COPY

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

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

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 ☒ gas ☐ other ☐
well well

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 A 660' FNL & 660' FEL

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) Casing Connections

SUBSEQUENT REPORT OF:

☐

☐

☐

☐

☐

☐

☐

☐

5. LEASE

LC-029418 (b)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Lea "C"

9. WELL NO.

16

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)
3976' DF

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

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ARTESIA, NEW MEXICO

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.

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 _____

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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 18 1979

APPROVED BY

TITLE

DATE

APR 30 1979

CONDITIONS OF APPROVAL, IF ANY: