1-R.J. STARRAK-15 FLOOR-T 3A

Copy to S.7.

1-A.B. CARY-MIDLAND Form 9-313
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 propare I F I V F D 7. UNIT AGREEMENT NAME SKELLY UNIT SKELLY UNIT SKELLY UNIT SKELLY UNIT SEE ALSO Space 17 below.) At surface 6. IF INDIAN, ALLOTTER OR TRIBE N. 7. UNIT AGREEMENT NAME SKELLY UNIT SKELLY UNIT 9. WELL NO. 12. I. FIELD AND OF LEASE NAME SKELLY UNIT 9. WELL NO. 12. I. FERN 7-RIVERS 11. SEC, T.R., N., OR BLE. AND SUCREY OR AREA 12. COUNTY OR PARISH 13. STATE BODY N.M. 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: TEST WATER SHCT-OFF FRACTURE TREAT MULTIPLE COMPLETE ABANDON* SUBSEQUENT REPORT OF: WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZE ABANDON* 8. PARM OR LEASE NAME SKELLY UNIT 9. WELL NO. 10. FIELD AND POOL, OR WILLCAT FREN 7-RIVERS 11. SEC, T.R., N., OR BLE. AND SUEVEY OR AREA XXX REPARISH 13. STATE ALTERING CASING ABANDONMENT*
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 proper in the proper in
OIL WE'L X WELL OTHER 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.* At surface 660' FSL and 660' FWL 15. ELEVATIONS (Show whether DF, RT, CR, etc.) 14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, CR, etc.) 3846.5 GR 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE ABANDON* TEST WATER TREAT SHOOT OR ACIDIZE TEST WATER SHUT-OFF SHOOTING OR ACIDIZING ABANDON* TEST WATER SHUT-OFF SHOOTING OR ACIDIZING TEST WATER SHUT-OFF SHOOTING OR ACIDIZING ABANDON* TEST WATER SHUT-OFF SHOOTING OR ACIDIZING ABANDONMENT*
SKELLY UNIT 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.* SKELLY UNIT 9. WELL NO. 10. FIELD AND FOOL, OR WILDCAT FREN 7-RIVERS 11. SEC, T, R., M., OR BLE, AND SUBVEY OR ABEA. 14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, CR, etc.) 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE SKELLY UNIT 8. FARM OR LEASE NAME SKELLY UNIT 9. WELL NO. 10. FIELD AND FOOL, OR WILDCAT FRACTURE TREATMENT SUBVEY OR ABEA. SKELLY UNIT 8. FARM OR LEASE NAME SKELLY UNIT 9. WELL NO. 12. COLORY OF WILDCAT FRACTURE TREATMENT SUBSEQUENT REPORT OF: WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING ABANDONMENT*
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 660' FSL and 660' FWL 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: TEST WATER SHUT-OFF PULL OR ALTER CASING P. O. BOX 730, HOBBS, NEW MEXICO 88240 10. FIELD AND POOL, OR WILDCAT FREN 7-RIVERS 11. SEC., T., R., M., OR BLK. AND SUBVEY OR AREA 12. COUNTY OR PARISH 13. STATE AND N.M. 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: TEST WATER SHUT-OFF PULL OR ALTER CASING PRACTURE TREAT MULTIPLE COMPLETE SHOOT OR ACIDIZE ABANDON* SHOOTING OR ACIDIZING ABANDONMENT*
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See also space 17 below.) At surface FREN 7-RIVERS 11. SEC., T., R., W., OR BLK. AND SURVEY OR AREA 23-17S-31E 14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, CR, etc.) 3846.5 GR Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: TEST WATER SHUT-OFF PULL OR ALTER CASING MULTIPLE COMPLETE SHOOT OR ACIDIZE WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE ABANDON* FREN 7-RIVERS 11. SEC., T., R., W., OR BLK. AND SURVEY OR AREA 12. COUNTY OR PARISH 13. STATE EDDY N.M. EDDY N.M. ALTERING WELL FRACTURE TREATMENT SHOOTING OR ACIDIZING ABANDONMENT*
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23-17S-31E 14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, CR, etc.) 3846.5 GR 16. 16. 16. 16. 16. 16. 16. 16
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FRACTURE TREAT MULTIPLE COMPLETE FRACTURE TREATMENT SHOOT OR ACIDIZE ABANDON* ABANDONMENT*
SHOOT OR ACIDIZE ABANDON* SHOOTING OR ACIDIZING ABANDONMENT*
REPAIR WELL CHANGE PLANS (Other)
(3* 71-41-41-41-41-41-41-41-41-4
(Other) (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 proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pent to this work.)*
Spudded 11" hole at 1:30 P.M. 12-14-77.
Drilled to 673'.
On 12-15-77 set 8-5/8" 24# 8Rd K-55 Rge 3 ST&C casing @ 673'.
Howco cemented w/150 sks. Hal Lite w/1/4# Flocele/Sk. and 150 Sks. Hal Class "C" Cemer w/2% CaCl2/Sk. Total Cement 300 Sks.
Cement Circulated.
Cement Circulated. WOC - 18 Hrs. Tested to 1000# for 30 Minutes. FEB 21978
Tested to 1000# for 30 Minutes.
No Drop in Pressure.
18. I hereby certify that the foregoing is true and correct
SIGNED Dale R. Crockett TITLE AREA SUPERINTENDENT DATE January 31,