5-USGS-ARTES	IA	MOCC CORY				acoustoSF		
1-FILE Form 9-331		L TED STATE	es :	SUBMIT IN TR. ICA	TE•	Form approv	ved.	
(May 1963)	DEPART	DEPARTMENT OF THE INTERIOR (Other Instructions on re- GEOLOGICAL SURVEY				Budget Bureau No. 42-R1424 5. LEASE DESIGNATION AND SERIAL NO. LC-029420-B		
SUNDRY NOTICES AND REPORTS ON WELLS						6. IF INDIAN, ALLOTTEE OR TRIBE NAME		
				WELLS to a different reservoir. sals.)				
OIL XX GAS OTHER SECEIVED						7. UNIT AGREEMENT NAME		
2. NAME OF OPERATOR	6				1	RM OR LEASE NA		
GETTY OIL COMPANY 3. ADDRESS OF OPERATOR						SKELLY UNIT 9. WELL NO.		
P. O. BOX 730, HOBBS, NEW MEXICO 88240						129		
4. LOCATION OF WELL (Report location clearly and in accordance with any state equipments.						10. FIELD AND POOL, OR WILDCAT		
See also space 17 below.) At surface 660' FNL & 760' FEL, SECTION 21						21-17S-31E		
						11. SEC., T., B., M., OR BLK. AND SUBVEY OR AREA		
14. PERMIT NO.		15. ELEVATIONS (Show	whether DF, RT.	RT, GR, etc.)		OUNTY OR PARISH	H 13. STATE	
			3826 GR	, ,	E	DDY	N.M.	
16.	Check An	propriate Box To L	odicate Natu	re of Notice, Report, o	r Other I	Data	· · · · · · · · · · · · · · · · · · ·	
N	OTICE OF INTEN	•	1		SEQUENT RI		1 - 7	
							: · · <u> </u>	
TEST WATER SHUT-OF	<u> </u>	CLL OR ALTER CASING		WATER SHUT-GFF FRACTURE TREATMENT	XX	REPAIRING C	.	
FRACTURE TREAT SHOOT OR ACIDIZE		BANDON*		SHOOTING OR ACIDIZING		ABANDONME	 	
REPAIR WELL		HANGE PLANS		(Other)				
(Other)				(Norm: Report res Completion or Reco				
17. DESCRIBE PROPOSED OR proposed work. If	COMPLETED OPE	RATIONS (Clearly state a	all pertinent des urface locations	tails, and give pertinent da and measured and true ve	ites, includi	ing estimated da is for all marker	te of starting any	
nent to this work.) *				<u>.</u>	-		-	
Smidded 7 D	м 929	77 Prilled	ll" bolo +	to 588'. Set 8-	5/8" 2/	# casing		
				e, 6% Gel, and 13			C",	
2% CaCl. Ce	ment circ	ulated. WOC	18 hours.	Tested 8-5/8" v	with 10	00# for 30	3	
minutes. No	drop in	pressure.						
							-	
							10 (2.4	
							# 11 1 4 = , € , £	
							1.5	
						RECEIVED		
					(OCT 11 1977		
		U				ARTESIA MEMILIERRYZY		
					ARTE	SIA, NEW ME	URVEY	
						ALL MEN ME	XICO	
18. I hereby certify that t	the foregoing is	true and correct						
SIGNED Dale 12			TLE AREA	SUPERINTENDENT		DATE 10-7-	-77	
-		·	TER		······································	DAID		
(This space for Feder	ai or State offic				F D		1 7 1077	
APPROVED BY CONDITIONS OF API	PROVAL, IF A	NY:	TLE ACTING	DISTRICT ENGINE	<u>LU</u>	DATE OCT	T (1917	

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