

5-USGS-ARTESIA
1-R. J. STARRAK JLSA
1-A. B. CARY-MIDLAND
UNITED STATES

1-PJB, ENGR.
1-FILE
1-BH, FIELD CLERK

Form Approved.
Budget Bureau No. 42-R1424

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 ☐ JAN 20 1979
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. See space 17 below.)
AT SURFACE: Unit ltr. I, 1880' FSL & 560' 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:		SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF	<input type="checkbox"/>	<input checked="" type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	<input type="checkbox"/>
(other)		

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.)*

LaRue Drilling Co. spudded 11" hole at 12:30 p.m. on 7/18/78. Drilled 11" hole to 615'. Set 8 5/8" 23# casing at 615', and cemented with 150 sxs Lite Wate, 10# salt, 1/4# Flo-cele, and 125 sxs Class "C" cement with 2% CaCl. 25 sxs cement circulated. Tested casing with 1250# for 30 min. with no drop in pressure.

RECEIVED

JAN 23 1979

U.S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

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

SIGNED Dale R. Crockett TITLE Area Supt. DATE 1-19-79

(This space for Federal or State office use)
APPROVED BY Lee J. Larr TITLE ACTING DISTRICT ENGINEER DATE JAN 24 1979
CONDITIONS OF APPROVAL, IF ANY:

