

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

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

EX-100 COPY

Form Approved.
Budget Bureau No. 42-R1424

Copy to AS

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, New Mexico 88240
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1880/S 560/E
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.)*

Drilled 7 7/8" hole to 2629' and set 66 jts. (2620') 15.5# & 14# R.S. "A" K-55 5 1/2" OD casing at 2629' on 7-21-78. B.J. cemented with 300 sxs Class "C" Lite Wate, 10# salt, 1/4# Flo-cele, and 200 sxs Class "C" cement with 2% CaCl. 30 sxs cement circulated. Tested casing with 1200# for 30 min. with no drop in pressure.

Subsurface Safety Valve: Manu. and Type _____

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

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

APPROVED BY Joe L. Lora TITLE ACTING DISTRICT ENGINEER DATE JAN 24 1979

CONDITIONS OF APPROVAL, IF ANY:

5. LEASE LC-029420-A	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME -	
7. UNIT AGREEMENT NAME Skelly Unit	
8. FARM OR LEASE NAME -	
9. WELL NO. 150	
10. FIELD OR WILDCAT NAME Fren 7-Rivers	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 15, T-17S, R-31E	
12. COUNTY OR PARISH Eddy	13. STATE NM
14. API NO.	
15. ELEVATIONS (SHOW DF, KDB, AND WD) 3876 DF	

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

RECEIVED

JAN 23 1979

U.S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO Ft.

