

NMOCC COPY

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 ☒ well gas ☐ well other ☐
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 I 2210' FSL & 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:   |                          | SUBSEQUENT REPORT OF: |                          |
|----------------------------|--------------------------|-----------------------|--------------------------|
| TEST WATER SHUT-OFF        | <input type="checkbox"/> |                       | <input 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) Casing Connections |                          |                       |                          |

5. LEASE  
IC-029418 (B)
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME  
Skelly Unit
9. WELL NO.  
141
10. FIELD OR WILDCAT NAME  
Fren 7-Rivers
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 23-17S-31E
12. COUNTY OR PARISH  
Eddy
13. STATE  
New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
3878' Gr.

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

RECEIVED  
JUL 10 1979

O. C. C.

ARTESIA OFFICE

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

MAY 8 1979  
U.S. GEOLOGICAL SURVEY  
MAY 1 1979 ARTESIA, NEW MEXICO

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 MAY 7 1979

(This space for Federal or State office use)

APPROVED BY (Orig. Sgd.) JOE G. LARA ACTING DISTRICT ENGINEER  
CONDITIONS OF APPROVAL, IF ANY: \_\_\_\_\_ DATE \_\_\_\_\_