

O+4 USGS
 1-Admin. Unit-Midland
 Form 9-331 1-PWS-Engineer
 Dec. 1973 1-LG-Foreman
 1-File UNITED STATES
 DEPARTMENT OF THE INTERIOR
 C/SF GEOLOGICAL SURVEY

Form Approved.
 Budget Bureau No. 42-R1424

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or to back to a different reservoir. Use Form 9-331-C for such proposals.)

1. oil well ☒ gas well ☐ other ☐ U.S. GEOLOGICAL SURVEY

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. K 1980 FSL & 2130 FWL

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 ☐
 FRACTURE TREAT ☐
 SHOOT OR ACIDIZE ☒
 REPAIR WELL ☐
 PULL OR ALTER CASING ☐
 MULTIPLE COMPLETE ☐
 CHANGE ZONES ☐
 ABANDON* ☐
 (other) ☐

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5. LEASE

LC-029418-B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Skelly Unit

8. FARM OR LEASE NAME

Skelly Unit

9. WELL NO.

142

10. FIELD OR WILDCAT NAME

Fren - Rivers

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

23, T17S, R31E

12. COUNTY OR PARISH

Eddy

13. STATE

New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

3879' DF

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

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.)*

1. Rig up pulling unit and install BOP.
2. POH with tubing and rods and RIH with bit and scraper.
3. POH and RIH with tubing and packer.
4. Spot sulfate converter and let soak \approx 24 hours.
5. Acidize with \approx 4000 gallons of 15% NCFE acid.
6. Swab back load.
7. Place well on production.

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

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

SIGNED [Signature] TITLE Area Superintendent DATE _____

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
 CONDITIONS OF APPROVAL, IF ANY: _____

APPROVED

OR
 JAMES A. GILLHAM
 DISTRICT SUPERVISOR

RECEIVED

JUN 12 1981

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