

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, 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:

- TEST WATER SHUT-OFF ☐
- FRACTURE TREAT ☐
- SHOOT OR ACIDIZE ☐
- REPAIR WELL ☐
- PULL OR ALTER CASING ☐
- MULTIPLE COMPLETE ☐
- CHANGE ZONES ☐
- ABANDON* ☐
- (other) ☐

SUBSEQUENT REPORT OF:

- ☐
- ☐
- ☒
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐

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OIL & GAS
U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO

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 7-R

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

23, T-17-S, R-31-E

12. COUNTY OR PARISH

Eddy

13. STATE

New Mexico

14. API NO.

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

3879' DF

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.)*

8-23-81 Rigged up Pengo. Pulled Rods & Tubing.

8-24-81 Ran 5½" Arrow Packer on 2 3/8" Tubing and set at 2268' (Perfs. 2354-2479').

8-25-81 Knox Service treated with 3000 Gals. 15% NE-FE Acid and 33 ball sealers Max. 2400 PSI; Min. 2100 PSI; ISIP-1600 PSI, 15 min. SIP-1550 PSI; Rate 4.1 BPM.

8-26-81 Pulled tubing & packer. Ran 82 jts. of 2 3/8" tubing (2482') and set at 2495'. Ran 2" x 1½" x 12' pump. Placed well back on production

8-30-81 POB 24 hrs. 22 Oil and 29 Water.

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 Superintendent DATE September 1, 1981

APPROVED BY _____ (This space for Federal or State office use)

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

PETER W. CHESTER

SEP 9 1981

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*See Instructions on Reverse Side