

1-R.J. Starrak-Tulsa
1-A.B. Cary-Midland
UNITED STATES

1-BH
1-HAO, Engr
1-ECF, Foreman

N. M. O. C. C.

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 LETTER G, 2080' FTL & 1880' FTL
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) | <input type="checkbox"/> | <input type="checkbox"/> |

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" to 2630' TD on 8-5-78 and set 5 1/2" 15.5% and 14% K-55 casing at 2629'. B.J. cemented with 450 sxs. Lite Vate, 10% salt 1/4% Flo-cel, and 200 sxs. Class "C" with 2% CaCl. Cement circulated. Waiting on completion.

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 August 14, 1978

APPROVED BY L. J. Lara TITLE ACTING DISTRICT ENGINEER
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.
153
10. FIELD OR WILDCAT NAME
Fren 7-Rivers
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 15, 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)
3881' G.L.

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

