

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 728, Hobbs, New Mexico 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

2610' FSL & 150' FEL

AT SURFACE: (Unit Letter 'H')

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) ☐

5. LEASE

LC-029420

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Skelly Unit

8. FARM OR LEASE NAME

Skelly Unit

9. WELL NO.

149

10. FIELD OR WILDCAT NAME

Grayburg Jackson, Fren-7 Rivers

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

Sec. 21, T-17-S, R-31-E

12. COUNTY OR PARISH. 13. STATE

Eddy

New Mexico

14. API NO.

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

3424.2 (GR)

(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.)\*

TOTAL DEPTH 3900'

8 5/8" OD 24# K-55 CSG SET @ 509'

1. Ran 3886' (95 Jts.) 5 1/2" OD 17# K-55 CSG & Set @ 3900'.
2. Cemented 1st stage W/1000 Sx. Class H Cement containing 2% CaCl.
3. With DV Tool open @ 530' Cemented 2nd stage W/150 sx. Class H Cement containing 2% CaCl. & Followed W/150 SX Cal Seal. Cement did not circulate. Job complete 11:30 PM, 12-17-84. WOC in excess of 18 hrs.
4. Tested 5 1/2" Csg to 1000# for 30 minutes, 5:00-5:30 PM, 12-19-84. Tested OK. Job complete 5:30 PM, 12-19-84.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED W. A. Baker TITLE Dist. Opr's. Mgr. DATE 1 - 16 - 85

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE