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UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYO. C. SUNDRY NOTICES AND REPORTS ON WELLS
ARTESIA OFFICE

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 ☒ gas ☐ other ☐
well well2. NAME OF OPERATOR
Getty Oil Company3. ADDRESS OF OPERATOR
P. O. Box 728, Hobbs, N.M. 882404. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 2600' FNL & 1310' FEL
AT TOP PROD. INTERVAL: (Unit Letter 'H')
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) COMMENCE DRILLING OPERATIONS

| | |
|---|-------------------------|
| 5. LEASE LC-029419 (A) | |
| 6. IF INDIAN, ALLOTTEE OR TRIBE NAME | |
| 7. UNIT AGREEMENT NAME Skelly Unit | |
| 8. FARM OR LEASE NAME Skelly Unit | |
| 9. WELL NO. 157 | |
| 10. FIELD OR WILDCAT NAME SR-B-6-S17 Grayburg Jackson, Fren 7-River | |
| 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 22, 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) | |

(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.)*

SPUD 17½" HOLE, 10:00 AM, 12-22-84
TOTAL DEPTH 577'

1. Ran 563' (15 jts.) 13 3/8" OD 54.5# K-55 Csg & Set @ 577'.
2. Cemented W/700 Sx Class H Cement containing 2% CaCl & ¼# Flocele per sack. Cement circulated. Job complete 6:00 AM, 12-29-84. WOC in excess of 18 hrs.
3. Tested 13 3/8" csg to 1000# for 30 minutes, 4:30-5:00 AM, 12-30-84. Tested OK. Job complete 5:00 AM, 12-30-84.

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

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

SIGNED W. A. Baker Jr. TITLE Dist. Opr's. Mgr DATE 1-22-85

(This space for Federal or State office use)

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

JAN 28 1985

*See Instructions on Reverse Side

NEW MEXICO