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ARTESIA OFFICE

UNITED STATES

DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Albuquerque, NM 88210

Form Approved.
Budget Bureau No. 42-R1424

SUMMARY 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 ☒ gas ☐ other ☐
well well

2. NAME OF OPERATOR

Getty Oil Company

3. ADDRESS OF OPERATOR

P. O. Box 728, Hobbs, N.M. 88240

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

2600' FNL & 1310' 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-028419 (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-G-SA

Grayburg Jackson, Fren 7 River

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

Sec. 22, T-17-S, R-31E

12. COUNTY OR PARISH 13. STATE

Eddy

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.)*

TOTAL DEPTH 1860'

13 3/8" OD 54.5# K-55 CSG SET @ 577'

1. Ran 1846' (43 JTS.) 8 5/8" OD 24# K-55 Csg & Set @ 1860'.
2. Cemented W/650 SX LW Cement containing 15# Salt & 1/4# Flocele persack followed W/250 sx Class H Cement containing 5# Salt per sack. Cement circulated. Job complete 1:00 AM, 1-1-85. WOC in excess of 18 hrs.
3. Tested 8 5/8" Csg to 1000# for 30 minutes, 6:30-7:00 AM, 1-2-85. Tested OK. Job complete 7:00 AM, 1-2-85.

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

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

SIGNED

WABahn II

TITLE Dist. Opr's. Mgr

DATE

1-15-85

(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