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RECEIVED BY UNITED STATES
DEPARTMENT OF THE INTERIOR, NM 88210
FEB 18 1985 GEOLOGICAL SURVEY

SONDRY 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-B for such proposals.)

1. oil ☒ gas ☐ other ☐

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:

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 ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐

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(other) REPORT OF: Perforate & Complete

(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 3705'

PLUG BACK TOTAL DEPTH 3655'

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

8 5/8" OD 24# K-55 CSG SET @ 1860'

5 1/2" OD 17# K-55 CSG SET @ 3705'

1. Perforate 5 1/2" csg W/1-JSPF @ 3097, 99, 3101, 03, 22, 24, 26, 28, 30, 32, 49, 51, 3272, 74, 78, 80, 3311, 13, 15, 18, 21, 3423, 25, 30, 32, 34, 36, 38, 40, 67, 69, 71, 82, 84, 3543, 45, 48, 50, & 3452.
2. Acidize perms 3097-3452' W/4500 gals 15% NEFE & 60 Ball Sealers.
3. Run production equipment. on 24 hr. potential test, well flowed 25 Bbls oil, 287 Bbls wtr. & GOR 2960.

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

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

SIGNED [Signature] TITLE Dist. Opr. Mgr. DATE 2-7-85

(This space for Federal or State office use)

APPROVED BY ACCEPTED FOR RECORD TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

FEB 15 1985

*See Instructions on Reverse Side

NEW MEXICO