Form 9-331
Dec. 1973

Form Approved.
Budget Bureau No. 42-R1424

N.M.O.C.D. COPY

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 730, Hobbs, NM 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: Unit Letter C 660' FNL & 1980' FWL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

5. LEASE
LC-029418 (b)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
----

7. UNIT AGREEMENT NAME
----

8. FARM OR LEASE NAME
Skelly Unit

9. WELL NO.
82

10. FIELD OR WILDCAT NAME
Grayburg Jackson

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 26-17S-31E

12. COUNTY OR PARISH
Eddy

13. STATE
New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3846' DF

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) Casing Connections

(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.)*

Riser on 8 5/8" OD   and 5 1/2" OD casing brought to surface.

RECEIVED
JUL 10 1979
O. C. C.
ARTESIA, OFFICE

Inspected by B. W. Weaver (NMOCC) on _____.
Inspected by Mike Williams (NMOCC) on _____.
Inspected by James Brasfield (USGS) on _____.
Inspected by Bird Jones (USGS) on   MAY 2 1979 .

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

18. I hereby certify that the foregoing is true and correct
SIGNED _____ TITLE ___Area Supt.___ DATE MAY 8 1979
D. R. Crockett

(This space for Federal or State office use)
APPROVED BY (Orig. Sgd.) JOE G. LARA   TITLE ACTING DISTRICT ENGINEER DATE JUL 9 - 1979
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side