

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

C/SF
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 Injection well

2. NAME OF OPERATOR
Getty Oil Company /

3. ADDRESS OF OPERATOR
P. O. Box 730 Hobbs, New Mexico 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: Unit Ltr. D 660' FNL & 660' FWL
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 | <input checked="" type="checkbox"/> | <input 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) | | |

| | |
|---|--|
| 5. LEASE LC-029418 (b) | RECEIVED AUG 18 1981 O. C. D. ARTESIA, OFFICE |
| 6. IF INDIAN, ALLOTTEE OR TRIBE NAME | |
| 7. UNIT AGREEMENT NAME Skelly Unit | |
| 8. FARM OR LEASE NAME Skelly Unit | |
| 9. WELL NO. 83 | |
| 10. FIELD OR WILDCAT NAME Grayburg-Jackson, Fren-7 Rivers | |
| 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 26, T-17S, R-31E | |
| 12. COUNTY OR PARISH Eddy | 13. STATE NM |
| 14. API NO. | |
| 15. ELEVATIONS (SHOW DF, KDB, AND WD) 3840' DF | |

(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.)*

1. Rig up pulling unit.
2. Install BOP.
3. Pull out of hole with tubing and packers.
4. Locate hole in casing.
5. Squeeze hole in casing.
6. Drill out cement.
7. Run in hole with tubing and packers.
8. Return to injection.

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

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

SIGNED Dale R. Crockett TITLE Area Superintendent DATE _____

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