Form 9-331 Dec. 1973

1-R. T STARRAK-TULSA

1-FILE

| Form | Approved. | | |
|-------|-----------|----|---|
| Budge | Purani Na | 42 | n |

_____ Set @ ____ Ft.

MAY 8 1979

JUL 9 - 1979

| UNITED STATES | <u>-1</u> |
|--------------------------|-----------|
| DEPARTMENT OF THE INTERI | OF |
| GEOLOGICAL SURVEY | |

| N.M.O.C.D. | COPY | Budget Bureau N |
|------------|-----------|-----------------|
| | 5. LEASE | |
| ΛÞ | T C 00043 | 0 (1.) |

| | D. LEASE | | |
|--|--|--|--|
| DEPARTMENT OF THE INTERIOR | LC-029419 (b) 6. IF INDIAN, ALLOTTEE | OD TRIDE NAME | |
| GEOLOGICAL SURVEY | O. IF INDIAN, ALLOTTEE | | |
| SUNDRY NOTICES AND REPORTS ON WELLS | 7. UNIT AGREEMENT NA | AME | |
| (Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9–331C for such proposals.) | 8. FARM OR LEASE NAME | | |
| 1. oil gas Talan Talan Talan | Skelly Unit | | |
| well well other Water Injection | Sec. 27-17S-31E | | |
| 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 D 330' FNL & 330' FWL AT TOP PROD. INTERVAL: AT TOTAL DEPTH: | 12. COUNTY OR PARISH Eddy | 13. STATE New Mexico | |
| | 14. API NO. | 1 | |
| 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA | 15. ELEVATIONS (SHOW DF, KDB, AND WD) 3812' DF | | |
| REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: | | · · · · · · · · · · · · · · · · · · · | |
| TEST WATER SHUT-OFF | | • | |
| SHOOT OR ACIDIZE | | ÷ . | |
| REPAIR WELL [] [] PULL OR ALTER CASING [] | (NOTE: Report results of multiple completion or zone change omForm 9-330.) | | |
| MULTIPLE COMPLETE | change on a only 32. | 330.) | |
| CHANGE ZONES | is a second of the | ener ka É | |
| ABANDON* [] [] (other) Casing Connections | | | |
| | ********** | | |
| DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly stated including estimated date of starting any proposed work. If well is considered. | firectionally drilled, give sub | give pertinent dates, surface locations and | |
| measured and true vertical depths for all markers and zones pertined | nt to this work.)* | . • | |
| | | | |
| Riser on 8 5/8" OD and 7" OD casing broading | ought to surface. | RECEIVED | |
| Inspected by B. W. Weaver (NYOCC) on | | JUL 1 0 1979 | |
| - | | 0.0 | |
| Inspected by Mike Williams (NMOCC) on | • | D. C. C. Artebia, defice | |
| Inspected by James Brasfield (USGS) on | - A 194.6 | : - | |
| Inspected by Bird Jones (USGS) on | MAY 2 1979 . | | |
| | | | |

Crockett TITLE Area Supt. DATE

Subsurface Safety Valve: Manu. and Type

(This space for Federal or State office USANEER

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

(This space for Federal or State office USANEER

ACTING DISTRICT ENGINEER

DATE

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