

5-USGS-ARTESI
1-R. J. STARRAK-TULSA
1-A. B. CARY-MIDLAND

1-PJB, ENGR.
1-FILE

Copy to JF

Form 9-331
Dec. 1973

Form Approved.
Budget Bureau No. 42-R1424

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 ltr. G, 1980' FNL & 1980' FEL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☒
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) ☐

SUBSEQUENT REPORT OF:

☐ RECEIVED

MAY 21 1979

G. C. C.
ARTESIA, OFFICE

5. LEASE

LC-029419 (b)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Skelly Unit

8. FARM OR LEASE NAME

9. WELL NO.

97

10. FIELD OR WILDCAT NAME

Grayburg Jackson

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

27-17S-31E

12. COUNTY OR PARISH

Eddy

13. STATE

New Mexico

14. API NO.

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

3824' D.F.

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. Pull rods and tubing.
2. Clean out well to TD, 3945', with bit and scrapper.
3. Spot 220 gallons SP-221, a converter, on the formation. Set packer. Allow to soak for 24 hrs., then flush hole with 100 bbls. fresh water.
4. Treat well as follows: Mix 165 gals. of SP-181, scale preventive, in 30 bbls. of fresh water with 2 1/2 gals. of F-46, demulsifier. Pump this into the formation and follow with a 150 bbl. overflush. Shut-in for 12 hrs.
5. Return well to production.

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 Supt. DATE 5-10-79

(This space for Federal or State office use)

APPROVED BY (Sig. Seal) ALBERT R. STALL ACTING DISTRICT ENGINEER DATE MAY 17 1979
CONDITIONS OF APPROVAL, IF ANY:

STATE OF TEXAS
OIL AND NATURAL GAS
G.S.
DISTRICT OFFICE
TRANSPORTER
OIL
GAS
OPERATOR
PRODUCTION OFFICE

OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-104
Supersedes Old O-104 and
Effective 1-1-65

RECEIVED

FEB 2 1977

Operator
Getty Oil Company
Address
P. O. Box 1351, Midland, Texas 79702
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐
O.C.C. DISTRICT OFFICE
Other (Please explain)
Skelly Oil Company merged with Getty Oil Company effective 1-31-77
If change of ownership give name and address of previous owner
Skelly Oil Company, P. O. Box 1351, Midland, Texas 79702

II. DESCRIPTION OF WELL AND LEASE

Lease Name
Skelly Unit
Location
Unit Letter G : 1980 Feet From The North Line and 1980 Feet From The East
Line of Section 27 Township 17S Range 31E NMPM, Eddy County
Well No. 97 Pool Name, including Formation Grayburg Jackson (SR.O.G.SA) Kind of Lease State Federal or Fee LC-0294126

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐
Texas-New Mexico Pipeline Company
Address (Give address to which approved copy of this form is to be sent)
P. O. Box 1510, Midland, Texas 79702
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
Continental Oil Company
Address (Give address to which approved copy of this form is to be sent)
P. O. Box 2197, Houston, Texas 77001
If well produces oil or liquids, give location of tanks. Unit H Sec. 28 Twp. 17S Rge. 31E Is gas actually connected? Yes When October 1, 1960

If this production is commingled with that from any other lease or pool, give commingling order number: PC-450

IV. COMPLETION DATA

Designate Type of Completion - (X)
Oil Well Gas Well New Well Workover Deepen Plug Back Some Restv. Drill. Rest.
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth
Perforations Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)
Length of Test Tubing Pressure Casing Pressure Choke Size
Actual Prod. During Test Oil-Bbls. Water-Bbls. Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate
Testing Method (puot, back pr.) Tubing Pressure (shut-in) Casing Pressure (shut-in) Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

(SIGNED) LELAND FRANZ
(Signature) Leland Franz
District Production Manager
(Title)
February 1, 1977
(Date)

OIL CONSERVATION COMMISSION

FEB 9 1977

APPROVED BY W. A. Gressett
TITLE SUPERVISOR DISTRICT II

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.