| Form 9-331 (May 1963) | UNITED STATES | SUBMIT IN TRIPLICAT | E. Form approved. Budget Bureau No. 42-R |
|---|--|--|--|
| ĺ | DEPARTM T OF THE INT | IERIUR verse side) Y N. M. O. C. C. CUPY | 5. LEASE DESIGNATION AND BERIAL |
| | | | $\frac{LC - 0294206}{6. \text{ if indian, allottee or terms}}$ |
| (Do not use this for | RY NOTICES AND REPOR m for proposals to drill or to deepen or se "APPLICATION FOR PERMIT_" for | IS ON WELLS plug back to a different reservoir. | |
| U 1. | · · · · · · · · · · · · · · · · · · · | | 7. UNIT AGREEMENT NAME |
| OIL GAS WELL | OTHER | CCSIVED | Skelly Unit = |
| 2. NAME OF OPERATOR | | e tach in | 8. FARM OR LEASE NAME |
| Getty Oil Com | pany | | 9. WELL NO |
| P O Box 730 | : Hobbs, New Mexico 88240 |) 👝 👝 📻 | 88 |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) | | | 10. FIELD AND POOL, OR WILDCAT |
| At surface | | | Grayburg-Jackson 11. SEC., T., E., M., OB BLK. AND |
| Unit N 660 F | NL and 660 FEL | | SUBVEY OR ABEA |
| UNIC A, 000 II | | | |
| 14. PERMIT NO. | 15. ELEVATIONS (Show whet | her DF, RT, GR, etc.) | 12. COUNTY OF PARISH 13. STATE Fddy New M |
| | | | |
| 16. Not | Check Appropriate Box To Indico | | Other Data |
| TEST WATER SHUT-OFF | PULL OR ALTER CASING | WATER SHUT-OFF | REPAIRING WELL |
| FRACTURE TREAT | MULTIPLE COMPLETE | FRACTURE TREATMENT | ALTERING CASING |
| SHOOT OR ACIDIZE | ABANDON* | SHOOTING OR ACIDIZING | ABANDONMENT* |
| (Other) | ng cement top up | (NOTE : Report resul | Its of multiple completion on Well apletion Report and Log form.) |
| 5. Rerun | emperature suryey. production tubing and re well back on production | | |
| | | PF | AUG 10 1977 |
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| 18. I hereby certify that the SIGNED | I Gregoing is true and correct | Area Superintendent | DATE August 9, 1 |
| (This space for Federal | or State office use) | | |
| APPROVED BY | TITLE | | DATE |
| CONDITIONS OF APPB | OVAL, IF ANY: | | |
| here have here | *See Instruc | ctions on Reverse Side | : |
| 1 1 M 1 | | | |