

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 Water Injection

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 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 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) Casing Connections | <input type="checkbox"/> | <input type="checkbox"/> |

5. LEASE  
IC-029420 (b)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
Skelly Unit

9. WELL NO.  
91

10. FIELD OR WILDCAT NAME  
Grayburg Jackson

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 28-17S-31E

12. COUNTY OR PARISH | 13. STATE  
Eddy | New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)  
3771' 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.)\*

Riser on 10 3/4" OD and 7" OD casing brought to surface.

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 \_\_\_\_\_

RECEIVED

JUL 10 1979

O. C. C.  
ARTESIA, OFFICE

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED D. R. Crockett TITLE Area Supt. DATE MAY 8 1979

(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: