O+6 – USGS – P.O. Box 1857   1 – Engr. PS   1 – Laura Richardson-Midland
       Roswell, NM 88201   1 – **RECEIVED**F   1 – File

Form 9-331
Dec. 1973

Form Approved.
Budget Bureau No. 42-R1424

UNITED STATES
DEPARTMENT OF THE INTERIOR   JUN 29 1983
GEOLOGICAL SURVEY

O C D

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.)

5. LEASE 206
LC-02941-5A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

1. oil well ☒   gas well ☐   other

8. FARM OR LEASE NAME
Skelly Unit

2. NAME OF OPERATOR
Getty Oil Company

9. WELL NO.
130

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

10. FIELD OR WILDCAT NAME
Fren 7-Rivers

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 760' FNL & 760 FEL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

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

12. COUNTY OR PARISH
Eddy

13. STATE
NM

14. API NO.

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

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3802' GR

REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:

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

(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. POH w/rods and tubing.
4. RIH w/bit and scraper.
5. POH w/bit and scraper.
6. RIH w/pkr.
7. Acidize 7-Rivers perfs w/3500 gals. acid.
8. Swab load.
9. Return to production.

MAY 16 1983

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

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

SIGNED _____ Dale B. Crockett   TITLE Area Superintendent   DATE May 13, 1983

(This space for Federal or State office use)

APPROVED (Ori. Sgd.) PETER W. CHESTER   TITLE _____   DATE _____
CONDITIONS OF APPROVAL, IF ANY:

JUN 27 1983

*See Instructions on Reverse Side