1-R.J. STARRAK-15TH FLOOR-TULSA NMOCC COPY	Copy to S. 7.
Via 1963, 1-FILE UN. ED STATES SUBMIT IN	TRIPLICATE [•] Form approved. ructions on re- Budget Bureau No. 42-R1424.
DEPARTMENT OF THE INTERIOR (Other Hist GEOLOGICAL SURVEY	5. LEASE DESIGNATION AND SERIAL NO. LC-029419-B
SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug back to a different Use "APPLICATION FOR PERMIT—" for such proposals.)	6. IF INDIAN, ALLOTTEE OR TRIBE NAME reservoir.
1. OIL S GAS WELL WELL OTHER	7. UNIT AGREEMENT NAME SKELLY UNIT
2. NAME OF OPERATOR	8. FARM OR LEASE NAME SKELLY UNIT
GETTY OIL COMPANY	9. WELL NO.
P. O. BOX 730, HOBBS, NEW MEXICO 88240	133
 LOCATION OF WELL (Report location clearly and in accordance with any State requirements See also space 17 below.) At surface 	10. FIELD AND POOL, OR WILDCAT FREN 7-RIVERS 11. SEC., T., B., M., OR BLK. AND SUBVEY OR ABEA
Ltr. A, 760' FNL & 660' FEL, Sec. 27	Sec. 27-T175-R31E
14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OF PARISH 13. STATE
3836' GR	EDDY N.M.
16. Check Appropriate Box To Indicate Nature of Notice	e, Report, or Other Data
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
REPAIR WELL CHANGE PLANS (Other)	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give proposed work. If well is directionally drilled, give subsurface locations and measured nent to this work.)*	partiant dates including estimated date of starting any
Drilled 7-7/8" hole to 2700'.	
Set 5-1/2" 14# 8Rd H-40 R-3 ST&C casing at 2700' on 11	L-28-77.
Dowell cemented 5-1/2" casing w/728 sks. 50/50 Poz Mix Celloflakes/Sk. and 200 Sks. Calss "C" Cement w/2% CaC	k w/4% Gel & 6# Salt/Sk. + 1/4# Cl ₂ . Total Cement 928 Sacks.
Cement Circulated.	
WOC - 24 Hours.	
Tested 5-1/2" casing to 1000# for 30 Minutes with no o	drop in pressure.
and a second	TCEIVED
	FEB 21978
A THE ALL AND A LEADER	FEB 2 IST SURVEY
18. I hereby certify that the foregoing is true and correct SIGNED	
(This space for Fereni or State office use) APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	DATE
	:

*See Instructions on Reverse Side