

0+6-BLM-Roswell, 1-File, 1-Engr. Jim, 1-Foreman CK

Form 9-331
Dec. 1973

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

RECEIVED

OIL CONS. COMMISSION
Drafter DD
Artesia, NM 88210

Form Approved
Bureau of Reclamation No. 22-R1424

MAY 16 1984

O. C. D.

ARTESIA, OFFICE

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 ☒ gas ☐ other
well well

2. NAME OF OPERATOR

Getty Oil Company

3. ADDRESS OF OPERATOR

P.O. Box 730, Hobbs, New Mexico 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: Unit Ltr. P, 990' FSL & 660' 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:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

CHANGE ZONES ☐

ABANDON* ☐

(other) Braden head risers

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(X)

5. LEASE

10 NM-56220

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

UNIT

7. UNIT AGREEMENT

8. FARM OR LEASE NAME

D.D. Federal 24

9. WELL NO.

1

10. FIELD OR WILDCAT NAME

Undesignated to Doggie Diner 14/1

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

Sec. 24, T-19S, R-24

12. COUNTY OR PARISH

Eddy

13. STATE

NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3577.4' F.L.

(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 13 3/8" OD and 9-5/8" OD casing brought to surface.

Riser on 9-5/8" OD and 7" OD casing brought to surface.

Cement was circulated to surface on both of the above braden heads.

Inspected by: B. W. Weaver on 2/22/84

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 Superintendent DATE February 24, 1984

(This space for Federal or State office use)

APPROVED BY BWJ TITLE _____ DATE _____
CONDITIONS OF APPROVAL IF ANY: MAY 1 1984

Carlsbad

NEW MEXICO

*See Instructions on Reverse Side