

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRI  
(Other instructi  
verse side) 03210

Form approved  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

c/5r

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 "APPLICATION FOR PERMIT" for such proposals.

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	RECEIVED BY SEP 04 1984 O. C. D. ARTESIA, OFFICE
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 and in accordance with any State requirements. See also space 17 below.) At surface Unit Ltr. G, 1880' FNL & 1980' FEL	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3954 2425.4 G.L.

5. LEASE DESIGNATION AND SERIAL NO. NM-13413	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
7. UNIT AGREEMENT NAME	
8. FARM OR LEASE NAME Salt Draw 11 Fed Com	
9. WELL NO. 1	
10. FIELD AND POOL, OR WILDCAT Undesignated Morrow	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 11, T-25S, R-28E	
12. COUNTY OR PARISH Eddy	13. STATE NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input checked="" type="checkbox"/> Plugged back to Upper Morrow	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)

8/14/84 Move in and rig up.  
8/15/84 Kill well w/ 50 bbls 2% KCL. Release on-off tool. Displace pkr fluid.  
8/16/84 Pull 2 3/8" N80 and seal assembly. Ran 5 1/2 cutrite shoe and tbg and 4 drill collars.  
8/17/84 Mill on pkr @ 12,384', fell free. Circ. clean. Pull 200 jts to 6310'.  
8/18/84 Finish TOH w/ pkr picker. Rec. pkr. Ran 3 3/4" bit to 6120'.  
8/20/84 Ran 3 3/4" bit, tag 12,734'. Circ. clean. Pull bit set retainer @ 12,658'. Ran 200 jts 2 3/8" w/ stinger SD. Perfs @ 12,701-12,743'.  
8/21/84 Ran tbg and stinger into retainer @ 12,658'. Squeeze perfs @ 12,701-743' w/ 50 sxs class "H" w/ 0.1% halad-9. Max 1700#, reverse out 10 sxs. Pull tbg. WOC.  
8/22/84 Ran 9 jts 277', 2 3/8" N-80, 4.7#, 8rd and 7" pkr. w/ 2" N-profile. ID 1.893" & 1.791" no-go nipple. 392 jts 12,039', 2 3/8", 4.7#, A.B. Mod. Tag retainer @ 12,658'.  
8/23/84 Spot 100 gals 15% acid @ 12,500-621'. Raise and set pkr @ 12,093'. Release on-off tool. Circ. 803 bbls. Pkr fluid latch on-off tool. Install X-mas tree. End of tbg @ 12,379'.  
8/25/84 Perforated 22 holes, 2 SPF, @ 12,595, 96, 97, 98, 99, 600, 01, 07, 08, 09, and 12,610'. After 1 hour TP 2400#. Open to pit 1.5 hours, rec. 25 bbls load water. 1 hour shut in 4925#.  
8/26/84 Shut well in 23 1/4 hours. TP 5400#. Flowed to sales 1 hour. Loaded up. Flowed to pit 1 hour recovered 25 bbls of H2O & a trace of oil. Turned to sales @ 12:00 Noon. Flowed on 8/64" ck, TP 2400#, 935 MCF.

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

SIGNED Dale R. Crockett TITLE Area Superintendent

DATE August 29, 1984

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY [Signature] TITLE [Signature]

DATE [Signature]

CONDITIONS OF APPROVAL, IF ANY:

0+6-BLM-Carlsbad 1-Mr. J.A.-Midland  
1-File, 1-Engr. Jim, 1-Foreman CK,  
1-BB, 1-JA, 1-SH, 1-CP, 1-BK

AUG 31 1984

\*See Instructions on Reverse Side

Carlsbad, NEW MEXICO