

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 ☒ gas ☐
well well other

2. NAME OF OPERATOR

Getty Oil Company

3. ADDRESS OF OPERATOR

P.O. Box 3360, Casper, WY 82602

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

AT SURFACE: 660' FNL & 1980' FEL

AT TOP PROD. INTERVAL: Same

AT TOTAL DEPTH: Same

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

REQUEST FOR APPROVAL TO:

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

SUBSEQUENT REPORT OF:

☐ RECEIVED
☒ JUN 01 1982
☐ U. S. GEOLOGICAL SURVEY
☐ FARMINGTON, N. M.

5. LEASE

Contract #68

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Jicarilla Apache

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Jicarilla "B"

9. WELL NO.

15

10. FIELD OR WILDCAT NAME

Otero Gallup

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

B Section 31-T25N-R5W

12. COUNTY OR PARISH 13. STATE

Rio Arriba

New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

6655' GL

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.)*

On 5-15-82, the following operations were begun to repair a hole found in the casing of this well between 4475' - 4130':

Set RBP @5706' w/10 gallons of sand dumped on top. Squeezed the hole w/ 150 sx Class "B" cement @ 1000 psi.

Drilled out 465' of cement and pressured casing repair to 1000psi Pressure
On 5-19-82, TIH w/ seating nipple and 189 jts. of 2 3/8" tbg. Seating Held Ok.
nipple @ 5960.

Put well back on production on 5-25-82. Released rig.

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

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

SIGNED Oliver Bonner TITLE Area Superintendent DATE 5-27-82

(This space for Federal or State Office Use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

JUN 03 1982

FARMINGTON DISTRICT

BY Elia

*See Instructions on Reverse Side

NMOCC