| Dec. 1973 | Budget Bureau No. 42-R1424 | |
|--|---|--|
| UNITED STATES | 5. LEASE | |
| DEPARTMENT OF THE INTERIOR | Contract #34 | |
| GEOLOGICAL SURVEY | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME | |
| | Jicarilla Apache | |
| SUNDRY NOTICES AND REPORTS ON WELLS | 7. UNIT AGREEMENT NAME | |
| | | |
| (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.) | 8. FARM OR LEASE NAME | |
| 1. oil gas 👨 | Jicarilla "C" | |
| well well other | 9. WELL NO. | |
| 2. NAME OF OPERATOR | #24 | |
| Getty Oil Company | 10. FIELD OR WILDCAT NAME | |
| 3. ADDRESS OF OPERATOR | Otero Chacra | |
| P.O. Box 3360, Casper, WY 82602-3360 | 11. SEC., T., R., M., OR BLK. AND SURVEY OF | |
| 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 | AREA | |
| below.) | F. Section 27-T25N-R5W | |
| AT SURFACE: 1980' FNL & 1980' FWL | ACE: 1980' FNL & 1980' FWL 12. COUNTY OR PARISH 13. STATE | |
| AT TOP PROD. INTERVAL: Same | Rio Arriba New Mexico | |
| AT TOTAL DEPTH: Same | 14. API NO. | |
| 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, | | |
| REPORT, OR OTHER DATA | 15. ELEVATIONS (SHOW DF, KDB, AND WD) | |
| | 6671 GR | |
| REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: | | |
| TEST WATER SHUT-OFF | | |
| FRACTURE TREAT \(\begin{array}{cccccccccccccccccccccccccccccccccccc | | |
| SHOOT OR ACIDIZE REPAIR WELL REPAIR WELL | (NOTE: Report sesults of multiple completion or zone | |
| PULL OR ALTER CASING | (NOTE: Report results of multiple completion or zone | |
| MULTIPLE COMPLETE | SUM SUM SUM STATE OF THE STATE | |
| CHANGE ZONES | | |
| ABANDON* □ □ □ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ | 그 그 그 그 이 그를 즐겁게 했다. 그 이 목 중요 !!! | |
| (other) | | |
| 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state | e all pertinent details, and give pertinent dates | |
| including estimated date of starting any proposed work. If well is di | irectionally drilled give subsurface locations and | |
| measured and true vertical depths for all markers and zones pertinen | it to this work.)* | |

On 3-10-83, RU and pumped 5000 SCF of $\rm N_2$ pad. Acidized Chacra perforations 3622'-3644' w/ 200 gallons of 7.5% HCL w/ 1 gal/1000 gallons inhibitor, 1 gal/1000 Cla-Sta & 400 SCF/bb1. of $\rm N_2$.

| Subsurface Safety Valve: Manu. and Type |) | Set @ | Ft. |
|--|--|---------|--|
| 18. I hereby certify that the foregoing is | true and correct | 3-11-83 | 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 |
| TOTALED FOR RECORD | (This space for Federal or State office use) | | |
| APPROVED BY | TITLE DATE _ | | 19 (19 (19 (19 (19 (19 (19 (19 (19 (19 (|

