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 X other	Jicarilla "C"
well well well other	9. WELL NO.
2. NAME OF OPERATOR	18
Getty Oil Company	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR	Otero Chacra
P.O. Box 3360, Casper, Wyoming 82602 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
below.)	H, Section 28-T25N-R5W
AT SURFACE: 1850' FNL & 790' FEL of Section 28	12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL: Same AT TOTAL DEPTH: Same	Rio Arriba New Mexico
_	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	6651' DF
TEST WATER SHUT-OFF \(\bigcap \)	
FRACTURE TREAT	(NOTE: Report results of multiple completion or zone
SHOOT OR ACIDIZE REPAIR WELL REPAIR WELL	70°
PULL OR ALTER CASING	(NOTE: Report results of multiple completion or zone
MULTIPLE COMPLETE	and of the
CHANGE ZONES	(2) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1
ABANDON*	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is dimeasured and true vertical depths for all markers and zones pertinen	irectionally drilled, give subsurface locations and
On 3-11-83, RU and pumped 5000 SCF of N_2 pad. A	ocidized 11/200 col 7 5% HCI
w/l gal./1000 gal. HAI-55, 2 gal/1000 gal Cla-St	a and 400 SCF/bbl of No
SI well due to lack of demand for gas.	and 400 boly bbl. of M2.
. L.	
Subcurface Safety Volum Monument Time	Set @ Ft.
Subsurface Safety Valve: Manu. and Type	set @ Ft.
18. I hereby certify that the foregoing is true and correct Active	
SIGNED TITLE Area Superint	tendent 3-22-83
(This space for Federal or State offi	ice use)
APPROVED BY TITLE TITLE CONDIMAN OF OPPROVAL, IF ANY:	DATE
CONDIMINATE OF OFFICE YAL, IF ANY:	

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