

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 ☐ well gas ☒ well other ☐

2. NAME OF OPERATOR
Getty Oil Company

3. ADDRESS OF OPERATOR (307)265-8386
P.O. Box 3360, Casper, WY 82602-3360

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1520' FSL & 1850' FEL of Sec. 28
AT TOP PROD. INTERVAL: Same
AT TOTAL DEPTH: Same

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

5. LEASE
Contract #34

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Jicarilla Apache

7. UNIT AGREEMENT NAME
-

8. FARM OR LEASE NAME
Jicarilla "C"

9. WELL NO.
#32

10. FIELD OR WILDCAT NAME
Otero-Chacra

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
J Section 28-T25N-R5W N.M. Principal Meridian

12. COUNTY OR PARISH
Rio Arriba

13. STATE
New Mexico

14. API NO.
-

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6638' GR

REQUEST FOR APPROVAL TO:

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

SUBSEQUENT REPORT OF:

☐
☐
☐
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☐

RECEIVED

NOV 24 1982

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

U. S. GEOLOGICAL SURVEY
FARMINGTON, N. M.

(other) Put on Production

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.)*

OCS Indian Lease prefix & #: 09-000034

This well was placed on production to the gas pipeline on October 12, 1982.

Production upon intitial delivery to the pipeline was 420 MCFGPD, 144 BWPD, & 0 BCPD.

Subsurface Safety Valve: Manu. and Type _____

Set @ _____ Ft.

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

SIGNED [Signature]

TITLE Area Superintendent

DATE 11-22-82

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____

*See Instructions on Reverse Side

NMOCC

ACCEPTED FOR RECORD

NOV 30 1982

FARMINGTON DISTRICT

BY SMM

