

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 ☒ other ☐

2. NAME OF OPERATOR

Getty Oil Company

3. ADDRESS OF OPERATOR

P.O. Box 3360, Casper, WY 82602-3360

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

AT SURFACE: 1600' FSL & 1850' FEL of Sec. 31

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:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

CHANGE ZONES ☐

ABANDON* ☐

(other) Notification of first Gas sales.

5. LEASE

Contract #68

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Jicarilla Apache

7. UNIT AGREEMENT NAME

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8. FARM OR LEASE NAME

Jicarilla "B"

9. WELL NO.

#26E

10. FIELD OR WILDCAT NAME

Basin Dakota

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

J, Section 31-T25N-R5W

12. COUNTY OR PARISH 13. STATE

Rio Arriba

New Mexico

14. API NO.

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

6757' Graded GL

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

AUG 8 - 1983

OIL DIV.

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 and Number: #09-000068.

The Dakota zone of this well was potential tested on 7-11-83. It was then shut-in waiting on a gas pipeline connection. On 7-15-83, El Paso Natural Gas Company made the gas pipeline connection and the well was shut-in again. On 8-4-83 @ 12:45 P.M., first gas delivery was made to EPNG.

Production upon initial delivery after two hours flowing was as follows:
FTP-1560 psi, CP-1850 psi, 1652 MCFGPD, 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 8-5-83

(This space for Federal or State office use)

APPROVED BY _____ TITLE SUPERVISOR DISTRICT # 3 DATE _____
CONDITIONS OF APPROVAL, IF ANY:

AUG 8 - 1983