

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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 "APPLICATION FOR PERMIT—" for such proposals.)

1. ☐ OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR
Getty Oil Company

3. ADDRESS OF OPERATOR
P.O. Box 3360, Casper, Wyoming 82602

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
1850' FSL and 1190' FWL (NW/SW) Section 21

14. PERMIT NO. _____

15. ELEVATIONS (Show whether DF, ST, GR, etc.)
6617' GR

5. LEASE DESIGNATION AND SERIAL NO.
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.
#26E

10. FIELD AND POOL, OR WILDCAT
Basin Dakota

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
L, Section 21-T25N-R5W

12. COUNTY OR PARISH
Rio Arriba

13. STATE
New Mexico

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input checked="" type="checkbox"/> TD and set production casing	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)*

Reached TD of 7170' on 4-29-84 at 3:15 a.m.

Ran production casing as follows:

Hole Size: 7 7/8"

Casing Size: 5 1/2"

Wt. #/ft. & Grade: 17#, and 14# K-55

Depth Set: 7170'

Cementing Information: cemented 1st stage with 743 cubic feet of 65-35 poz cement with 6% gel, 10% salt, 6 1/4#/sk gilsonite. Tailed with 439 cubic feet Class "H" Self-Stress cement with 0.6% fluid loss additive. Plug down at 4:00 p.m. Dropped bomb and opened DV tool at 4205'. Circulated out 15 bbl chemical wash. Circulated 4 1/2 hours. Cemented 2nd stage with 1978 cubic feet of 65-35 poz cement with 6% gel, 10% salt, 6 1/4#/sk gilsonite. Tailed with 59 cubic feet of Class "B" cement with 2% CaCl₂. Circulated out a trace of cement at surface.

Released rig at 1:00 a.m. on 4-30-84. Currently we are waiting on a replacement rig for completion operations.

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

SIGNED [Signature] TITLE Area Superintendent DATE 5-1-84

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE MAY 09 1984
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA
RV Sm