

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

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

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

AT SURFACE: 1190' FSL & 1190' FWL of Section 12

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:

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

SUBSEQUENT REPORT OF:

☐
☐
☒
☐
☐
☐
☐
☐

5. LEASE
I-149-Ind. 8465

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Navajo

7. UNIT AGREEMENT NAME
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8. FARM OR LEASE NAME
Charley Pah

9. WELL NO.
#3

10. FIELD OR WILDCAT NAME
South Blanco Pictured Cliffs

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
M, Section 12-T27N-R9W

12. COUNTY OR PARISH 13. STATE
San Juan New Mexico

14. API NO.
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15. ELEVATIONS (SHOW DF, KDB, AND WD)
5989' DF

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

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.)*

On 2-18-83, RU and acidized Pictured Cliffs perforations 2038'-2096' w/ 200 gallons of 7.5% HCl w/ 2 gal/1000 gallons Cla Sta, 2 gal/1000 gallons inhibitor, and 600 SCF/bbl of N₂. Flow tested.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED John H. Robinson TITLE Area Superintendent DATE 2-23-83

APPROVED BY _____ TITLE _____ DATE _____
(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

ME 1983

NMOCC

*See Instructions on Reverse Side