

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 ☐
well well
2. NAME OF OPERATOR
Getty Oil Company
3. ADDRESS OF OPERATOR
P.O. Box 3360, Casper, WY 82602
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1715' FSL & 2310' FEL
AT TOP PROD. INTERVAL:
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* ☐

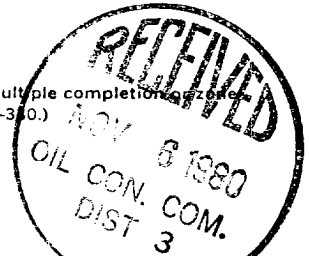
SUBSEQUENT REPORT OF:

- ☐
☐
☐
☐
☐
☐
☐
☐

(other) Spud & Set Casing

5. LEASE
SF 078935
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Federal 3-S Comm.
9. WELL NO.
1E
10. FIELD OR WILDCAT NAME
Basin Dakota
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 3 - T27N-R12W
12. COUNTY OR PARISH
San Juan
13. STATE
New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
5875 Gr.

(NOTE: Report results of multiple completion operations or change on Form 9-331.0.)



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.)*

Spud Date - 6-27-80

Set (7 jts) 8 5/8", 24#, J-55, ST&C at 293' with 275 sks Class B w/2% CaCl on 6-27-80

Set (23 jts) 5 1/2", 15.5#, K-55, ST&C & (135 jts) 5 1/2", 14#, K-55, ST&C set at 6295' with 400 sks Class B 65-35 POZ 1st stage then 790 sks Class B 65-35 POZ 2nd stage and 430 sks Class B 65-35 POZ 3rd stage on 7-11-80

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

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

SIGNED [Signature] TITLE Superintendent DATE 10-29-80

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

BW