5. LEASE

SF-078935

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

	_
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME .
Do not use this form for proposals to drill or to deepen or plug back to a different escrivoir. Use Form 9–331–C for such proposals.)	8. FARM OR LEASE NAME.
1. oil ca gas ca	Carter Com
1. on gas x other	9. WELL NO.
2. NAME OF OPERATOR	1-E
Getty Oil Company	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR	Basin Dakota
P.O. Box 3360, Casper, WY 82602	11. SEC., T., R., M., OR BLK AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	AREA
helow)	Section 10, T27N-R12W
AT SURFACE: 1120' FSL & 850' FEL	12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL: same	San Juan New Mexico
AT TOTAL DEPTH: same	14. API NO.
6. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
PECHEST FOR ADDOMAL TO: SUPEROUENT DEPORT OF	5898 Ground
REQUEST FOR APEROVAL TO: SUBSEQUENT REPORT OF TEST WATER SHUT-OFF	
RACTURE TREAT	
SHCOT OR ACIDIZE	
REPAIR WELL	OTE: Report results of mutuale completion of zone
PULL OR ALTER CASING	change on Form 19—330.0 () 多数为
MULTIPLE COMPLETE CHANGE ZONES	and the state of t
ABANDON*	
othe) Date Started and Casing Report	
17. C SCRIBE 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.)*	
Date Spudded 2-7-81 4:15 PM	
Ran 8 $5/8$ " casing 2-7-81, set at 290' with 300 sks cement (circ. to top).	
Ran 5 $1/2$ " 14 & 15.5# casing 2-21-81, set at 6250' with 1775 sks cement.	
(Cement circulated on each of the 3 DV stages of cementing).	
ACCÉPTEU FOR RECORD	
CRIED FOR NEW	
VCCFLIFE	
MAR 17 1981	
AΜ	K I'
Subsurface Safety Valve: Manu, and Type Set @ Ft.	
Subsurface Safety Valve: Manu, and Type Set @ Ft.	
18. I hereby certify that the foregoing is true and correct	
Subsurface Safety Valve: Manu. and Type 18. I hereby certify that the foregoing is true and correct SIGNED Mowy TITLE Area Engineer DATE 3-6-81	
(This space for Federal or State office use)	
APPROVED BY	DATE
CONDITIONS OF APPROVAL, IF ANY:	Commission of the Commission o

NMOCC

*See Instructions on Reverse Side