

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY *N. M. O. C. C. COPY*SUBMIT IN TRIPPLICATE
(Other instructions on reverse side)Cop Form approved
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC - 029420 (b)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Skelly Unit

8. FARM OR LEASE NAME

9. WELL NO.

60

10. FIELD AND POOL, OR WILDCAT

Grayburg-Jackson

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

21-17-31

12. COUNTY OR PARISH 13. STATE

Eddy

N.M.

1. OIL GAS WELL OTHER2. NAME OF OPERATOR *✓*

Getty Oil Company

3. ADDRESS OF OPERATOR

P. O. Box 730, Hobbs, New Mexico 88240

ARTESIA, OFFICE

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

Unit B, 660 FNL and 1980 FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3299 KB

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

WATER SHUT-OFF

SUBSEQUENT REPORT OF:

FRACTURE TREAT

MULTIPLE COMPLETE

FRACTURE TREATMENT

SHOOT OR ACIDIZE

ABANDON*

SHOOTING OR ACIDIZING

REPAIR WELL

CHANGE PLANS

(Other)

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

(Other) XXX - bring cement top up

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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.) *

1. Pull rods and tubing.
2. Run cement bond log.
3. Perforate and bring cement above top of 7-Rivers.
4. Run temperature survey.
5. Rerun tubing and rods.
6. Place well back on production.

RECEIVED

AUG 9 1977

U.S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED *Mac G. Carter*

TITLE Area Superintendent

DATE August 9, 1977

(This space for Federal or State office use)

APPROVED BY *ED*

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

R. L. [Signature]
ACTING DISTRICT SUPERINTENDENT

*See Instructions on Reverse Side