

5-USGS-ARTESIA
J. STARRAK-TULSA
1-A.B. CARY-M LAND
UNITED STATES

DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

1-PB, ENGR.
1-ECF, FOREMAN
1-FILE
1-BH, FIELD CLERK

Form Approved.
Budget Bureau No. 42-R1424

Copy to 67

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
Box 730, Hobbs, New Mexico 88240
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: Unit Ltr. P, 810' FSL & 810' FET
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

- | REQUEST FOR APPROVAL TO: | SUBSEQUENT REPORT OF: |
|---|-------------------------------------|
| TEST WATER SHUT-OFF <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | <input type="checkbox"/> |
| MULTIPLE COMPLETE <input type="checkbox"/> | <input type="checkbox"/> |
| CHANGE ZONES <input type="checkbox"/> | <input type="checkbox"/> |
| ABANDON* <input type="checkbox"/> | <input type="checkbox"/> |
| (other) _____ | |

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.)*

La Rue Drilling Co. spudded 11" hole @ 3:00 p.m. 8-7-78. Drilled 11" hole to 691'. Ran 8 5/8" 23# K-55 csg. & set @ 690'. B.J. cemented with 150 sxs 50/50 Poz mix, 4% gel, 10# salt, 1/4# Flo-Cel, & 125 sxs Class "C" cement with 2% CaCl. 10 sxs cement circulated Tested csg. to 1000#. O:K.

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

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

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

SIGNED Dale R. Crockett TITLE Area Supt. DATE 10/27/78

APPROVED BY [Signature] TITLE ACTING DISTRICT ENGINEER DATE NOV 14 1978
(This space for Federal or State office use)

CONDITIONS OF APPROVAL, IF ANY:

BH/de

RECEIVED

NOV 15 1978

O.C.C.
ARTESIA, OFFICE