

5-USGS-ARTESIA

1-ECF, FOREMAN

1-R. J. STARRAK-TUI

1-FILE

1-A. B. CARY-MIDLAN

1-FILE FIELD CLERK

N. W. G. C. COOK

Copy to 87

Form 9-374 (Mar 1968)

1-HAO, ENGR

UNITED STATES DEPARTMENT OF THE INTERIOR

SUBMIT IN TRIPPLICATE* (Other instructions on reverse side)

Form approved. Budget Bureau No. 42-F1421.

LEASE DESIGNATION AND SERIAL NO.

GEOLOGICAL SURVEY

LC-029418-A

IF INDIAN, ALLOTTEE OR TRIBE NAME

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 "APPLICATION FOR PERMIT..." for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	RECEIVED	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Getty Oil Company ✓		Skelly Unit
3. ADDRESS OF OPERATOR P. O. Box 730, Hobbs, New Mexico 88240	SEP 27 1978	8. FARM OR LEASE NAME
4. LOCATION OF WELL (Report location clearly and in accordance with rule 17. See also space 17 below.) At surface LTR. 0, 760' FSL & 1830 FEL	D. C. C. ARTESIA OFFICE	9. WELL NO. 147
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, CR, etc.) 3901 GL	10. FIELD AND POOL, OR WILDCAT Fren 7-Rivers
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 14, T-17-S, R-31-E
		12. COUNTY OR PARISH Eddy
		13. STATE NM

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input checked="" type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLUGS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

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

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 @ 12:45 p.m. 7-14-78. Drilled 11" hole to 655' and set 8 5/8" OD 23# ST&C casing @ 654'. B. J. cemented 8 5/8" casing with 150 sxs. 50/50 Poz, 4% Gel, 10# salt, 1/4# Cello Flakes/sk. and 125 sxs. Class "C" cement with 2% CaCl. Circulate 20 sxs. cement. Tested casing to 1000#. O.K.

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

SIGNED Dale R. Crockett TITLE Area Superintendent DATE 9-21-78

(This space for Federal or State office use)

APPROVED BY Joe J. Lara TITLE ACTING DISTRICT ENGINEER DATE SEP 26 1978

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side