

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Injection Well		7. UNIT AGREEMENT NAME West Dollarhide Drinkard Unit
2. NAME OF OPERATOR GETTY OIL COMPANY		8. FARM OR LEASE NAME West Dollarhide Drinkard Unit
3. ADDRESS OF OPERATOR P.O. BOX 730, HOBBS, N.M. 88240		9. WELL NO. 12
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit Ltr. P, 330' FSL & 990' FEL		10. FIELD AND POOL, OR WILDCAT Dollarhide Tubb Drinkard
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 19, T-24S, R-38E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3181' DF		12. COUNTY OR PARISH Lea
		13. STATE NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input checked="" type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <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.)*

As requested, we propose to repair the casing leak on the subject well as follows:

1. Rig up install BOP and pull tbq.
2. Set bridge plug at \pm 6600'.
3. Proceed to isolate hole in casing.
4. Re-cement casing as required.
5. Place well on injection.

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

SIGNED Date R. Crockett

TITLE Area Superintendent

DATE 8/2/84

(This space for Federal or State office use)

APPROVED BY Charles S. Dahlen
CONDITIONS OF APPROVAL, IF ANY:

TITLE AREA MANAGER
CARLSBAD RESOURCE AREA

DATE 9-25-84

0+6-BLM-Carlsbad 1-File 1-Mr. J.A.-Midland

Foreman CK

*See Instructions on Reverse Side

Subject to
Like Approval
by State

United States, any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.