

UNITED STATES COPY TO O. C. G.
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 ☒ Injection Well

2. NAME OF OPERATOR
Getty Oil Company

3. ADDRESS OF OPERATOR
P. O. Box 730, Hobbs, N.M. 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: UL P, 330' FSL + 990' FEL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

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

5. LEASE
NM-0349952

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
West Dollarhide Drinkard Unit

8. FARM OR LEASE NAME
West Dollarhide Drinkard Unit

9. WELL NO.
12

10. FIELD OR WILDCAT NAME
Dollarhide Tubb-Drinkard

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
19-24S-38E

12. COUNTY OR PARISH
Lea

13. STATE
New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3181' OF

REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) ☒ Recement Casing

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1-R.J. STARRAK-TULSA
1-A.B. CARY-MIDLAND
1-E. Rettress, ENGINEER
1-C. Kingsten, FOREMAN
1-FILE
1- — 0 —, WIO's -LIST ATTACHED
1-BH, FIELD CLERK

RECEIVED

AUG 21 1978

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

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. Rig up pulling unit.
2. Pull tubing and packer and install BOP.
3. Run retrievable BP to approximately 6000'. Test BP and casing to 1000 psi.
4. Spot 10' of sand on top of BP.
5. Run cement bond log 6000' to surface.
6. Perforate and cement squeeze intervals not adequately cemented.
7. WOC 24 hrs.
8. Drill out cement and test casing to 1000 psi.
9. Wash sand off BP and retrieve.
10. Run packer and tubing and place well back on injection.

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 8-17-78

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

