Form 9-331 Dec, 1973

1-R. J. STARRAK-TULSA 1-A. B. CARY-M

DEPARTMENT OF THE INTERIOR **GEOLOGICAL SURVEY**

1-BB, OFC TECH

1-FILE

Form Approved. COPY TO G

5.	LEA	SE		
	3737	10	105	• :

MM-T0T82 6. IF INDIAN. ALLOTTEE OR TRIBE NAME

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SUNDRY	NOTICES	AND	REPORTS	ON	WELLS
CONDIN	11011020	1111	1121 01110	-	

(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 gas well [X \sqcup other well 2. NAME OF OPERATOR *

Getty Oil Company

3. ADDRESS OF OPERATOR

P. O. Box 730, Hobbs, NM 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17

AT SURFACE: Unit ltr. O, 330' FSL & 1980' FEL 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

FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE **CHANGE ZONES** ABANDON* (other) Pluq Back

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

West Dollarhide Drinkard Unit

9. WELL NO. 11

10. FIELD OR WILDCAT NAME

<u>Dollarhide Tubb Drinkard</u>

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

19, T-24S, R-38E

12. COUNTY OR PARISH 13. STATE Lea NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD) 3169' DF

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

- 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.)*
 - Rig up pulling unit. 1.
 - 2. Pull rods and pump.
 - 3. Install BOP and pull tbq.
 - Set EZ drill BP over Abo zone.
 - 5. Run tbg. pump, and rods.
 - Return well to production. 6.

10N 29 198U

U. S. GEOLOGICAL SURVEY HOBBS, NEW MEXICO.

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

Subsurface Safety Valve: Manu. and Type ____

TITLE ___Area Supt.__

__ DATE ...

(This space for Federal or State office use)

APPROVED_BY_

JAN 3 0 1980

See Instructions on Reverse Side

ACTING DISTRICT ENGINEER