

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL NO.

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 checked="" type="checkbox"/> OTHER		6. IF INDIAN, ALLOTTEE OR TRIBE NAME NM-03431	
2. NAME OF OPERATOR Getty Oil Company		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR P. O. Box 1351, Midland, Texas 79702		8. FARM OR LEASE NAME Las Cruces "B"	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit Letter B, 660' FNL & 1980' FEL, Sec. 30-8S-37E		9. WELL NO. 2	
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT Allison-Penn	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4057' DF		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 30-8S-37E	
		12. COUNTY OR PARISH Lea	
		13. STATE New Mexico	

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 COMPLETION <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input 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 checked="" 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.)*

- 1) Moved in workover rig. Pulled rods and tubing.
- 2) Perforate 5-1/2" OD casing 9474-9482' with 9 shots, 9503-9507' with 5 shots, 9518-9520' with 3 shots, 9524-9528' with 5 shots, 9542-9544' with 3 shots, 9547-9551' with 5 shots, total of 30 shots.
- 3) Treated perfs. 9474-9551' with 2500 gallons 15% NE acid, 800# salt, 400# benzoic acid flakes and 7 ball sealers.
- 4) Set 311 joints (9565') 2-3/8" OD tubing at 9577'.
- 5) Returned well to active status, flowing Bough perfs. 9474-9551' for 24 hrs., 2" choke, no condensate, no water, 90 MCFG. FTP20#.

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

Signed D. R. Crow D. R. Crow TITLE Lead Clerk DATE March 17, 1977

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

*See Instructions on Reverse Side

