## N. M. CIL CONS. COMMISSION

P. O. BOX 1980 O+5 - USGS - P.O. BORES NEW MEXICON 88240 M 1 - Laura Richardson-Midland Roswell, NM 88201 1 - Foreman EF 1 - FileForm Approved. Form 9-331 Dec. 1973 Budget Bureau No. 42-R1424 UNITED STATES 5. LEASE DEPARTMENT OF THE INTERIOR NM 029141 **GEOLOGICAL SURVEY** 6. IF INDIAN, ALLOTTEE OR TRIBE NAME 7. UNIT AGREEMENT NAME SUNDRY NOTICES AND REPORTS ON WELLS East Eumont Unit (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.) 8. FARM OR LEASE NAME gas well  $\sqcup$ well other NIO well 9. WELL NO. 19 2. NAME OF OPERATOR 10. FIELD OR WILDCAT NAME Getty Oil Company Eumont 3. ADDRESS OF OPERATOR 11. SEC., T., R., M., OR BLK. AND SURVEY OR P.O. Box 730 Hobbs, NM 88240 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) Sec. 4, T19S, R37E AT SURFACE: 2065 ' FNL, 660' FEL AT TOP PROD. INTERVAL: 12. COUNTY OR PARISH 13. STATE MM AT TOTAL DEPTH: 14. API NO. 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA 15. ELEVATIONS (SHOW DF, KDB, AND WD) 3866' DF REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: **TEST WATER SHUT-OFF** FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (NOTE: Report results of multiple completion or zone PULL OR ALTER CASING change on Form 9-330.) MULTIPLE COMPLETE **CHANGE ZONES** ABANDON\* Test casing (other) 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. TIH w/5 1/2" packer. Set pkr. at + 3800', pressure test annulus to 1000#. 2. If pressure does not hold, locate leak w/RBP and pkr. 3. Squeeze leak w/class "C" cement. 4. TOH w/pkr., WOC. Drill out cement. 6. 7. Continue to test csg. until all leaks are repaired. 8. TOH w/RBP and pkr. Rig down. Well will remain TA. Subsurface Safety Valve: Manu. and Type \_\_\_ Ft. 18. I hereby certify that the foregoing is true and correct TITLE Area Superintendent MERALS MENT. SERVICE HOSWELL NEW MEXICO APPROVED (This space for Federal or State office use)

APPROVED THE Sgd.) PETER W. CHESTER CONDITIONS OF APPROVAL, IF ANY:

MAR 1 0 1983

**FOR** 

JAMES A. GILLHAM DISTRICT SUPERVISOR

ee Instructions on Reverse Side

MAR 1 4 1983
HOBBS OFFICE