

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPL
(Other instructions
verse side)

FE
re

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM-029141

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

EAST EUMONT UNIT

9. WELL NO.

19

10. FIELD AND POOL, OR WILDCAT

EUMONT QUEEN

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

4-19S-37E

12. COUNTY OR PARISH

LEA

13. STATE

N.M.

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	
2. NAME OF OPERATOR GETTY OIL COMPANY	
3. ADDRESS OF OPERATOR P.O. BOX 249, HOBBS, NEW MEXICO 88240	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2065 FNL & 660 FEL	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data	

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

NIO WELL

(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.)*

This well will be returned to active status as the North Segment is developed for waterflood in the near future.

This approval of [Signature]
[Signature]

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

SIGNED C.L. Wade: *C.L. Wade*

TITLE AREA SUPERINTENDENT

DATE 10-22-75

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

APPROVED
DATE _____

WLJ/bh

*See Instructions on Reverse Side

OCT 23 1975
Jim Sims
JIM SIMS
DISTRICT ENGINEER