	. CIL CI Box 1		MMIS	NOIZZ	
	BS, NE		(ICO	8824	0
Box	1857	1	- E	lngr.	Ι

Form 9-331 Dec. 1973

30 1111 113

بهيرة وتوريها وأنو

. . .

0+5 - USGS - P.O

3774 00000

1 - Laura Richardson-Midland

Fine Approved.

ROSWell, NM 882UL	1 - Foreman	EF. T -

Budget Bureau No. 42-R1424 UNITED STATES 5. LEASE DEPARTMENT OF THE INTERIOR NM 029141 6. IF INDIAN, ALLOTTEE OR TRIBE NAME **GEOLOGICAL SURVEY** 7. UNIT AGREEMENT NAME 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.) East Eumont Unit 8. FARM OR LEASE NAME gas well other well NIO well 9. WELL NO. 2. NAME OF OPERATOR 18 Getty Oil Company 10. FIELD OR WILDCAT NAME Eumont 3. ADDRESS OF OPERATOR P.O. Box 730 Hobbs, NM 88240 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) Sec. 4, T19S, R37E AT SURFACE: 1837' FNL, 1650' FEL 12. COUNTY OR PARISH 13. STATE AT TOP PROD. INTERVAL: NM 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) 3691' 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\*

- 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. Via 5 1/2" csg., pressure test to 500# (CIBP at 3800').
  - If pressure does not hold, TIH w/5 1/2" RBP and pkr. & locate leak. 2.
  - Squeeze leak w/class "C" cement. 3.
  - 4. TOH w/packer.
  - 5. Drill out cement.

test casing

(other)

- 6. Continue to test csg. until all leaks are re
- 7. TOH w/RBP and pkr.
- Rig down. Well will remain TA. 8.

DISTRICT SUPERVISOR



	Subsurface Safety Valve: Manu. and Type						
	18. I hereby certify that the foregoing is true and correct	ROGWELL, NEW MEXICO					
γ! : L		ndentare 3 o/v;					
Y	APPROVED (This space for Federal or State office use)						
	(Orig. Sgd.) PETER W. CHESTER						
	APPROVED BY TITLE TITLE						
	MAR 1 0 1983 T.A. IPPROVIDE	M5D 1 0 1984 PERIOD					
	JAMES A. GILLHAM						

See Instructions on Reverse Side

RECEIVED

MAR 1 4 1983

O.C.D. HOBBS OFFICE