Jec. 1973	Budget Bureau No. 42-R1424
UNITED STATE OF MEMICO	13240 LEASE
DEPARTMENT OF THE INTERIOR	NM-14332
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE 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.)	7. UNIT AGREEMENT NAME
reservoir. Use Form 9–331–C for such proposals.)	8. FARM OR LEASE NAME
1. oil gas well well other	Bilbrey Fed Com  9. WELL NO.
2. NAME OF OPERATOR	
Getty Oil Company	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR	Bilbrey Morrow
P. O. Box 728, Hobbs, N.M. 88240	11. SEC., T., R., M., OR BLK. AND SURVEY OR
<ol> <li>LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)</li> </ol>	1
AT SURFACE: Unit Letter 'C')	Sec. 4, T-22-S R-32-E 32-12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL: 1980' FWL & 660' FNL	Lea NM
THE DEFINIT	14. API NO. = === 7. 0 ====
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	<u> </u>
The street street street	15. ELEVATIONS (SHOW DF, KDB, AND WD)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	3791.9 GR
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.)
CHANGE ZONES	
ABANDON•	등록 등 합니다. 전략 설계 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등
(other) RISER CONNECTIONS	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is dependent and true vertical deaths for all proposed.	
measured and true vertical depths for all markers and zones pertinen	it to this work.)*
- •	
·	실실 취용하는 그 실행들이 다
RISER ON 13 3/8" & 9 5/8" CASING	PROJECTION TO TRANSPORT
RISER ON 9 5/8" & 7" CASING B	ROUGHT TO SURFACE.
Subsurface Safety Valve: Manu. and Type	Ft.
Subsurface Safety Valve: Manu. and Type	Set @ Ft.
18. I hereby certify that the foregoing is true and correct	
18. I hereby certify that the foregoing is true and correct	gr. <sub>DATE</sub> 2-7-85
I.B. I hereby certify that the foregoing is true and correct  SIGNED	gr. DATE 2-7-85
I.B. I hereby certify that the foregoing is true and correct  SIGNED W. B. L. TITLE DIST. Opr. Mo  (This space for Federal or State office)	gr. DATE 2-7-85

FEB 18 1985

Carlabad, NEW MEXICO

RECEIVED

FEB 21 1985

O CT.