

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate
(Other instructions on
reverse side)

Form approved
Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM-14332

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 "APPLICATION FOR PERMIT—" for such proposals.)

1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR GETTY OIL COMPANY		8. FARM OR LEASE NAME Bilbrey Fed Com
3. ADDRESS OF OPERATOR P.O. BOX 730, HOBBS, NEW MEXICO 88240		9. WELL NO. 1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660 FNL & 1980 FWL		10. FIELD AND POOL, OR WILDCAT Bilbrey Morrow Pool
14. PERMIT NO.		11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA Sec. 4, T22S, R32E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3791.9 GR		12. COUNTY OR PARISH Lea
		13. STATE NM

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 COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input checked="" 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 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. Rig up pulling and kill well with brine water.
2. Remove wellhead and install BOP.
3. Unseat Otis packer at 14,234' and pull out of hole.
4. Rig up Welex and set CIBP at 14,450', Morrow perms at 14,527'-36', 14,547'-55', 14,565'-70', and 14,599'-606'.
5. Run dump bailer and dump 35' cement plug on top of CIBP.
6. Run packer on existing 2 3/8" tubg., circulate packer fluid and set packer at 13,400'±.
7. Swab tubing to 4,000'.
8. Rig up Welex and run GR/CCL correlation log from 13,300' to 14,000'.
9. Perforate Atoka at 14,638'-60' w/23 holes and 13,714'-26' w/13 holes w/thru tubing gun.
10. Flow and/or swab well to production.
11. If flow is inadequate, acidize well.
12. Rig down and move off.

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

SIGNED Dee R. Crockett

TITLE Area Superintendent

DATE 9/19/84

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE Area Superintendent

DATE 10-24-84

0+6-BLM-Carlsbad 1-Mr. J.A.-Midland
1-File, 1-Engr DBW, 1-Foreman CRM

*See Instructions on Reverse Side