UNITED STATE OF CALLERY	£ 1510-
DEPARTMENT OF THE INTERIOR LESS MELLED	5. LEASE NM-14491
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
The such proposals.)	8. FARM OR LEASE NAME
1. oil gas sother other	Bilbrey 5 Fed
2. NAME OF OPERATOR	9. WELL NO.
Getty Oil Company	
3. ADDRESS OF OPERATOR	10. FIELD OR WILDCAT NAME
P. O. Box 728, Hobbs, NM, 88240	Bone Springs
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	11. SEC., T., R., M., OR BLK. AND SURVEY OF
below.) AT SURFACE: (Unit Letter 'B')	Sec. 5, T-22-S7 R-32-E
	12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL: 660' FNL & 1980' FEL AT TOTAL DEPTH:	<u>Lea</u> NM
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	14. API NO. = ==== 7. 3 5 5 5
REPORT, OR OTHER DATA	<u> इंग्रेडिंट</u> का निर्माल
	15. ELEVATIONS (SHOW DF, KDB, AND WD)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	3705.7 GR
TEST WATER SHUT-OFF	
SHOOT OR ACIDIZE	
REPAIR WELL	MATERIAL STATE OF THE STATE OF
PULL OR ALTER CASING	(NOTE: Report results of multiple completion or zone change on Form 9-330.)
MULTIPLE COMPLETE	
ABANDON•	
(other) RISER CONNECTIONS	
17 DESCRIPE PROPERTY OF ACCUMAND	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is direct measured and true vertical depths for all markers and zones pertinent	all pertinent details, and give pertinent dates, ectionally drilled, give subsurface locations and
entire to the second to the markers and zones pertinent	to this work.)*
RISER ON 13岁" & 9 5/8" CASING B	ROUGHT TO SURFACE
	= - 7 _
RISED ON O E /OH a TH	
RISER ON 9 5/8" & 7" CASING BRO	OUGHT TO SURFACE.
Subsurface Safety Valve: Manu. and Type	Set @ Ft.
8. I hereby certify that the foregoing is true and correct	
IGNED W.B. CILL TITLE Dist. Opr. M.	1gr DATE2-7-85
(This space for Federal or State office i	use)
ACCEPTED FOR RECORD	
ONDITIONS OF APPROVAL IFCANY:	DATE
ECD 4 o spor	÷
FEB 1 8 1985	. •

\*See Instructions on Reverse Side

Carlelas NEW MEXICO

REMED

