

0+5-MMS-Roswell, 1-File, 1-Engr. LM, 1-Foreman CRM, 1-WIO-Flour

Form 9-331
Dec. 1973

RH

Form Approved.
Budget Bureau No. 42-R1424

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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.)

1. oil ☐ gas ☒ other ☐
well well

2. NAME OF OPERATOR
Getty Oil Company

3. ADDRESS OF OPERATOR
P.O. Box 730, Hobbs, NM 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: Unit Ltr. J, 2180' FSL & 1980' FEL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☒
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) ☐

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5. LEASE
NM-22809

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
North Bilbrey Federal *Comm*

9. WELL NO.
1

10. FIELD OR WILDCAT NAME
South Salt Lake Morrow

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 7, T-21S, R-32E

12. COUNTY OR PARISH
Lea

13. STATE
NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3640.2' GR

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)*

- TOH with tbq and pkr.
- Set cement retainer at + 14,150'. Squeeze Morrow perfs 14,174'-14,189'.
- TIH with tbq and pkr, spot acetic acid.
- Perforate Morrow interval 13,990'-13,997'.
- If necessary, treat with 500 gallons HCL and 1500 gallons HF-HCL.
- The Morrow interval 13,841-13,847 may also be perforated and treated if production is insufficient.

Subsurface Safety Valve: Manu. and Type

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

SIGNED *D. R. Crockett* TITLE Area Superintendent DATE August 20, 1982

APPROVED *Peter W. Chester* (this space for Federal or State office use)

APPROVED BY (Org. Sgn.) PETER W. CHESTER

CONDITIONS OF APPROVAL, IF ANY:

TITLE DATE

AUG 30 1982
FOR
JAMES A. GILLHAM

See Instructions on Reverse Side