

5-USGS-HO. BS ✓
1-R. J. STARRAK-TULSA
1-A. B. CARY-MIDLAND

1-ELB, ENGR.
1-BH, FIELD CLK
1-BB, OFC TECH
1-FILE

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 well ☒ gas well ☐ other ☐

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 1tr. C, 1980' FWL & 990' FNL

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-18848

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

SDE 18 Federal

9. WELL NO.

1

10. FIELD OR WILDCAT NAME

Undesignated

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 18, T-23S, R-32E

12. COUNTY OR PARISH

Lea

13. STATE

NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3555' GR

RECEIVED
NOV 23 1979

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

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

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.)*

11-17-79 Drilled 10 5/8" hole to 4835'. Ran 47 jts. (2121') 8 5/8" OD K-55 32# and 61 jts. (2507') 8 5/8" OD K-55 24# csg.

11-18-79 Western Co. cemented 8 5/8" csg. with 2000 sxs 50/50 Poz Mix, 10# gilsonite, 11.4# salt, 2% CaCl, 1/4# flocele/sx, and 250 sxs Class "C" Cement with 2% CaCl. Total cement 2250 sxs. Bumped plug at 9:45 a.m. Circulated 200 sxs cement. WOC 18 hrs. Tested to 1000# for 30 min. OK.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Dale R. Crockett TITLE Area Supt. DATE 11-19-79

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

BH/de

