

N. M. Oil and Gas Commission
P. O. BOX 3
HOBBS, NEW MEXICO 88240

O+6 - BLM - P.O. Box 1857 1 - Engr. BDB
Roswell, NM 88201 1 - Foreman CRM
1 - Midland Admin. Unit - Mr. J.A.

1 - Laura Richardson - Midland
1 - File

Form 9-331
Dec. 1973

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.) 1tr. B 330' FNL 1650' FEL
AT SURFACE:
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) downhole commingle

☐
☐
☐
☐
☐
☐
☐
☐

5. LEASE
LC-049439(b)
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
G.D. Riggs "B"
9. WELL NO.
8
10. FIELD OR WILDCAT NAME
Justis
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 1 T-26-S R-37-E
12. COUNTY OR PARISH
Lea
13. STATE
NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3030' GL

(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.)*

1. RU pulling unit. Pull rods. Install BOP. Pull 2 3/8" tbg. Set @ 3480'.
2. Drill out cmt. retainer @ 5010'-45'.
3. TIH w/2 3/8" tbg. Set @ 5420'. Put well on pump.
4. Produce commingled Queen and Blinbry zones.

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 Superintendent DATE January 4, 1983

APPROVED

APPROVED BY (Orig. Sgd.) PETER W. CHESTER DATE _____
CONDITIONS OF APPROVAL, IF ANY:

JAN 25 1983

*See Instructions on Reverse Side