

N. M. C. L. E. COMMISSION
P. O. BOX 1340
HOBBS, NEW MEXICO 88240

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 ☒
well 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 Ltr. G, 1650' FNL & 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:

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

SUBSEQUENT REPORT OF:

☐
☐
☐
☐
☐
☐
☐
☐

5. LEASE

NM-02965A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal 33

9. WELL NO.

1

10. FIELD OR WILDCAT NAME

Undesignated

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

Sec. 33 T-26-S R-33-E

12. COUNTY OR PARISH 13. STATE

Lea

NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3227.6' 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.)*

We propose to abandon the Strawn and recompleat in Wolfcamp as follows:

1. Rig up set CIBP @ 14,940' w/35' cement on top.
2. Pull 4 1/2" tieback liner 0-12,671'.
3. Set packer and 2 3/8" tbq @ \pm 11,950'.
4. Selectively perforate Wolfcamp 12,021-12,334'.
5. Stimulate with \pm 8,500 gal of acid and nitrogen if necessary.
6. Place well on production.

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 7/23/84

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE 9-25-84

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

RECEIVED

SEP 26 1984

O.C.R.
HUBBARD OFFICE