

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: 1980' FNL, <sup>2080</sup>200' FWL

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:

☐  
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☐  
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☐  
☐  
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☐

RECEIVED

OCT 1 1979

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

U. S. GEOLOGICAL SURVEY  
HOBBS, NEW MEXICO

5. LEASE

LC-032650 (B)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

A. B. Coates "C"

9. WELL NO.

10

10. FIELD OR WILDCAT NAME

Justis Fusselman

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

Sec. 24, T-25S, R-37E

12. COUNTY OR PARISH 13. STATE

Lea

NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)  
3088 DF

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.)\*

Well No. 10 is currently a Blinbry-Fusselman dual. It is proposed to repair a tubing leak and acidize the Fusselman side in the following manner:

1. Pull both tubing strings and packer. Lay down short (Blinbry) string.
2. Locate leak in tubing.
3. Go in hole with good tubing (Fusselman side) and packer.
4. Test tubing to 1000 psi.
5. Acidize Fusselman with 5000 gals. 20% "J" type acid.
6. Flush with corrosion inhibitor.
7. Return well to 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 Supt.

DATE 9-27-79

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

