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 728, Hobbs, N.M. 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: Unit Ltr B, 660 FNL & 1880 FEL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

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.	8
10. FIELD OR WILDCAT NAME	Justis Blinebry
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA	Sec. 24, T-25S, R-37E
12. COUNTY OR PARISH	Lea
13. STATE	NM
14. API NO.	
15. ELEVATIONS (SHOW DF, KDB, AND WD)	3083 D.F.

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)

(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. Rigged up. Installed BOP.
2. Set CIBP at 5000' cap w/35' cmt.
3. Perfed 7" csg. w/4 JS at 1100'.
4. Spotted 20 sx class "H" neat cmt. plug 3376-3276'.
5. Pumped 500 sx class "H" neat cmt. to break circ. through bradenhead. Closed bradenhead valve and squeeze 50 sx cmt down 7" csg. Left csg. full of cmt.
6. Installed dry hole marker, cleaned location. Well is P & A.

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

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

SIGNED _____W. B. _____ TITLE Dist. Opr. Mgr. DATE 1/15/85

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 8-11-86
CONDITIONS OF APPROVAL, IF ANY: