

N. M. OIL LUNGS COMMISSION  
P. O. BOX 1980  
HOBBS, NEW MEXICO 88240

O+6 - BLM - P.O. Box 1857  
Roswell, NM 88201

1 - Engr. -BDB  
1 - Foreman - CK

1 - Laura Richardson  
1 - File  
Form Approved.  
Budget Bureau No. 42-R1424

Form 9-331  
Dec. 1973

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' N 4 E  
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  
LC-032650 B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
A.B. Coates "C" Lease

9. WELL NO.  
7

10. FIELD OR WILDCAT NAME  
Justis Field

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
S 24 T 25 S R 37 E

12. COUNTY OR PARISH Lea 13. STATE NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)  
3089' DF

(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. Install BOP.
2. Rig up and pull tubing.
3. Run GR-Collar log.
4. Set CIBP @ 6500' w/35' cmt. up to 6465'.
5. Selectively perforate 5620-5885' with 2 spf.
6. Acidize and sand frac Tubb interval.
7. Install pumping equipment.

RECEIVED  
SEP 16 9 24 AM '83

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED Peter W. Chester TITLE Area Superintendent DATE September 15, 1983

APPROVED (This space for Federal or State office use)

(Orig. Sgd.) PETER W. CHESTER TITLE \_\_\_\_\_ DATE \_\_\_\_\_

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

SEP 29 1983