O+5 - USGS - P. Box 1857 1 - Engr. - JIM -- WIOS Roswell, L. 88201 1 - Foreman CK - File N. W. OIT COURTERING HOBBS, NEW MEXICO 88240 P. O. BOX 1980 Form 9-331 Form Approved. Dec. 1973 Budget Bureau No. 42-R1424 UNITED STATES 5. LEASE DEPARTMENT OF THE INTERIOR LC-032650(b) **GEOLOGICAL SURVEY** 6. IF INDIAN, ALLOTTEE OR TRIBE NAME SUNDRY NOTICES AND REPORTS ON WELLS 7. UNIT AGREEMENT NAME (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.) 8. FARM OR LEASE NAME 1. oil gas A.B. Coates "C" weil XX well other 9. WELL NO. 2. NAME OF OPERATOR 20 Getty Oil Company 10. FIELD OR WILDCAT NAME 3. ADDRESS OF OPERATOR Justis Ellenburger P.O. Box 730 Hobbs, NM 88240 11. SEC., T., R., M., OR BLK. AND SURVEY OR 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 <u>24, 25s-</u>37E AT SURFACE: 990' FNL & 990' FEL 12. COUNTY OR PARISH 13. STATE AT TOP PROD. INTERVAL: AT TOTAL DEPTH: Lea 14. API NO. 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA 15. ELEVATIONS (SHOW DF, KDB, AND WD) 3079' DF REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (NOTE: Report results of multiple completion or zone PULL OR ALTER CASING change on Form 9-330.) MULTIPLE COMPLETE **CHANGE ZONES** ABANDON\* Plugback & perforate higher in Ellenburger pay. (other) 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.)\* Install BOP, pull rods and tubing. 2. Set CIBP @ 7675' on wireline. Perforate Ellenburger 2 SPF 7526-7660'. 4. Set packer at 7400' and acidize with 4500 gallons 15% Hcl. 5. Remove packer. 6. Run tubing and rods place well on production. APR 191382 Q1.3 G/S U.S. GEÖLÜĞICAL SURVEY KOSWELL, NEW MEAKER Subsurface Safety Valve: Manu. and Type \_\_\_\_ \_ Set @ \_ 18. I hereby cellify that the foregoing is true and correct SIGNED Area Superintendent April 14, 1982 (Orig. Sgd.) PETER W. CHESTER space for Federal or State office use) APPROVED BY CONDITIONS OF APPROVAL, IF ANY: APR 2/2 1982 **FOR** 

JAMES A. GILLHAM
DISTRICT SLIDEDVISOD \*See Instructions on Reverse Side

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HUMES OFFICE