N. M. OIL CONS. COMMISSION

P. Q. Box 1980

Forman , 1-Mr. J.A.-Midland, 1-Laura Richardson 0+6-BIM-Roswell, 1-File, 1-Engr. BDB, 1-Forman Form 9-331 Dec. 1973 Budget Bureau No. 42-R1424 UNITED STATES 5. LEASE DEPARTMENT OF THE INTERIOR LC-032650 (b) 6. IF INDIAN, ALLOTTEE OR TRIBE NAME **GEOLOGICAL SURVEY** 7. UNIT AGREEMENT NAME 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.) 8. FARM OR LEASE NAME A.B. Coates "C' gas well 🔯 well other 9. WELL NO. 2. NAME OF OPERATOR Getty Oil Company 10. FIELD OR WILDCAT NAME Justis Tubb-Drinkard 3. ADDRESS OF OPERATOR P.O. Box 730, Hobbs, N.M. 88240 11. SEC., T., R., M., OR BLK. AND SURVEY OR 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 Sec. 24, T-25S, R-37E below.) AT SURFACE: Ltr. J, 2080' FSL & 1980' FEL 12. COUNTY OR PARISH 13. STATE AT TOP PROD. INTERVAL: 6627-74' AT TOTAL DEPTH: 7550 14. API NO. 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE. REPORT, OR OTHER DATA 15. ELEVATIONS (SHOW DF, KDB, AND WD) 3084' DF REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF FRACTURE TREAT ХX 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* (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.)* 1. Rig up pulling unit and pull tbg. Perforate Tubb w/2 jpf @ 5626-5890'. and Drinkard @5918-5938'. 2. Set CIBP @ 6600'. Dump 35' cmt. on top. 3. Acidize and sand frac Tubb and acidize Drinkard. Swab well to test. 4. 5. Install PE. Subsurface Safety Valve: Manu. and Type Set @ 18. I hereby certify that the foregoing is true and correct Area Superintendent 3/15/84 (This space for Federal or State office use) APPROVED BY DATE TITLE . CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

ENGINEER