

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPI  
(Other instructions  
verse side)

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re

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-032650 (b)

6. IF INDIAN, ALLOTTEE OR TRIBE 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 "APPLICATION FOR PERMIT—" for such proposals.)

1.

OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

GETTY OIL COMPANY

3. ADDRESS OF OPERATOR

P.O. BOX 249, HOBBS, NEW MEXICO 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface

2080' FSL & 1980' FEL, SECTION 24

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, OR, etc.)

3084 D.F.

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

A. B. COATES "C"

9. WELL NO.

21

10. FIELD AND POOL, OR WILDCAT

JUSTIS BLINEBRY

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

24-25S-37E

12. COUNTY OR PARISH

LEA

13. STATE

N.M.

16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) SHUT IN WELL

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

(NOTE: Report results of multiple completion on Well  
Completion or Recompletion Report and Log form.)

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.)\*

The well has been NIO since January, 1975. Recent recompletion attempt in the Montoya was unsuccessful.

Request extention of NIO status, pending further remedial studies.

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

SIGNED C.L. Wade: *C.L. Wade*

TITLE AREA SUPERINTENDENT

DATE 12-16-75

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

WLG/bh

\*See Instructions on Reverse Side