

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. N, 660 FSL & 1650 FWD  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH:

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) Downhole commingled

5. LEASE  
2032650 (a)  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
7. UNIT AGREEMENT NAME  
8. FARM OR LEASE NAME  
A. B. Coates "D"  
9. WELL NO.  
2  
10. FIELD OR WILDCAT NAME  
Justis Tubb Drinkard/Fusselman  
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)  
3079'

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

Administrative Order No. DHC-524

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. Pulled rods and pump.
2. Pulled tbg. and pkr.
3. Ran 2 3/8" tbg. and returned well to production.

3/19/85 - 24 hour test 8 BO, 176 BW, 368 MCFG, GOR 4500, Grav. 37.6.

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

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

SIGNED W. B. L. L. TITLE Dist. Opr. Mgr. DATE March 22, 1985

(This space for Federal or State office use)

APPROVED BY **ACCEPTED FOR RECORD**  
CONDITIONS OF APPROVAL, IF ANY

TITLE \_\_\_\_\_ DATE \_\_\_\_\_

APR 2 1985

CARLSBAD, NEW MEXICO

\*See Instructions on Reverse Side