

J-0000-110000
1-R. J. STARRAK-TULSA
1-A. B. CARY-MIDLAND
1-ELB, ENGR.

1-FILE

COPY TO 10 1 1

Form 9-331
Dec. 1973

n Approved.
Jget Bureau No. 42-R1424

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 ☒ Injection 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: 990' FNL & 2310' FFL
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*, TEMPORARILY ☒ ☐
(other) ☐ ☐

5. LEASE

NM D34 1952

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

West Dollarhide Drinkard Unit

8. FARM OR LEASE NAME

West Dollarhide Drinkard Unit

9. WELL NO.

1

10. FIELD OR WILDCAT NAME

Dollarhide Tubb-Drinkard

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

Sec. 19, T-24S, R-38E

12. COUNTY OR PARISH 13. STATE

Lea NM

14. API NO.

15. ELEVATIONS (SHOW OF, KDB, AND WD)
3181' DF

(NOTE: Report results of multiple completion or zone change on Form 9-331.)

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.)*

We have received permission from you for this well to remain temporarily abandoned until March 3, 1980. As soon as working interest owner approval can be secured, we plan to mill out the bad casing from 6223-6582' and run a 4" flush joint liner from 5000-6900'.

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FEDERAL BUREAU OF REVENUE

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Dale R. Crockett TITLE Area Supt. DATE 11-1-79

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

APPROVED
NOV 6 1979
GR Hall
ACTING DISTRICT ENGINEER