

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions on
reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM-0349952

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

Water Injection Well

2. NAME OF OPERATOR

Getty Oil Company

3. ADDRESS OF OPERATOR

P. O. Box 1351, Midland, Texas 79702

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*

See also space 17 below.)
At surface

Unit Letter B, 990' FNL & 2310' FEL Sec. 19-24S-38E

7. UNIT AGREEMENT NAME

West Dollarhide Drinkard Unit

8. FARM OR LEASE NAME

West Dollarhide Drinkard Unit

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Dollarhide Tubb-Drinkard

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

Sec. 19-24S-38E

14. PERMIT NO.

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

3181' DF

12. COUNTY OR PARISH

Lea

13. STATE

New Mexico

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

PULL OR ALTER CASING

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

Casing Connections

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input checked="" type="checkbox"/>

(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.)*

Riser on 8-5/8" OD and 5-1/2" OD Casing brought to surface.

Inspected by M. G. Crossland February 14, 1977.

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

SIGNED

D. R. Crow

TITLE Lead Clerk

DATE February 25, 1977

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

ACCEPTED FOR RECORD

MAR 3 1977

U. S. GEOLOGICAL SURVEY

*See Instructions on Reverse Side