

Form 9-331
Dec. 1973

O+6 - USGS (P.O. Drawer 1857, Roswell, NM)
1 - Admin Unit-Midland
1 - JIM-Engr.
1 - CK-Foreman

N. M. 0110
P. O. 0110

Form Approved.
Budget 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 well ☐ gas well ☐ 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.) Unit Ltr. O, 330' FSL & 1650' FEL
AT SURFACE:
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) Convert to injection well

5. LEASE
LC-06796 LC-067968
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
West Dollarhide Queen Sand Unit
9. WELL NO.
19
10. FIELD OR WILDCAT NAME
Dollarhide Queen
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
S-30, T-24-S, R-38-E
12. COUNTY OR PARISH
Lea
13. STATE
NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3152' DF

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

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.
- 2) Install BOP and pull tubing.
- 3) Clean out to TD.
- 4) Acidize with 20% HCl.
- 5) Run plastic lined tbq. and packer.
- 6) Place on injection, 200-300 BWPD.

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

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

SIGNED R. Crockett TITLE Area Superintendent DATE August 20, 1981

APPROVED BY (Orig. Sgd.) PETER W. CHESTER DATE _____
CONDITIONS OF APPROVAL, IF ANY: SEP 1 1981
FOR JAMES A. GILLHAM
DISTRICT SUPERVISOR

SUBJECT TO LIKE APPROVAL BY STATE

See Instructions on Reverse Side