

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 ☒ Water Injection
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: Unit 1tr. J, 1650' FSL & 1980' FEL  
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      | <input type="checkbox"/> | <input type="checkbox"/> |
| FRACTURE TREAT           | <input type="checkbox"/> | <input type="checkbox"/> |
| SHOOT OR ACIDIZE         | <input type="checkbox"/> | <input type="checkbox"/> |
| REPAIR WELL              | <input type="checkbox"/> | <input type="checkbox"/> |
| PULL OR ALTER CASING     | <input type="checkbox"/> | <input type="checkbox"/> |
| MULTIPLE COMPLETE        | <input type="checkbox"/> | <input type="checkbox"/> |
| CHANGE ZONES             | <input type="checkbox"/> | <input type="checkbox"/> |
| ABANDON*                 | <input type="checkbox"/> | <input type="checkbox"/> |
| (other) Plug back        | <input type="checkbox"/> | <input type="checkbox"/> |

5. LEASE  
NM-10185
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME  
West Dollarhide Drinkard Unit
9. WELL NO.  
29
10. FIELD OR WILDCAT NAME  
Dollarhide Tubb-Drinkard
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 30, T-24S, R-38E
12. COUNTY OR PARISH  
Lea
13. STATE  
NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
3136' GL

(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 and install BOP.
2. POH with tbg. and pkr.
3. Set EZ drill BP over Abo zone.
4. Run packer and tbg. back.
5. Set packer within 100' of perforations.

RECEIVED

JAN 29 1980

U. S. GEOLOGICAL SURVEY  
HOBBS, NEW MEXICO

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 1-16-80

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

ACTING DISTRICT ENGINEER