

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 ☒ Water Injection Well

2. NAME OF OPERATOR
Getty Oil Company

3. ADDRESS OF OPERATOR
P.O. Box 730 Hobbs, New Mexico 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) Unit Letter B, 480' FNL & 1650' FEL,
AT SURFACE: Sec. 31-T24S-R38E
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) Squeeze perforations, recomplete in Lower Drinkard and recent casing.

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 packer.
3. Squeeze perforations 6412'-6684' with 400 sacks.
4. Run Cement Bond Log 6000'-surface.
5. Perforate and cement squeeze intervals not adequately cemented.
6. Drill out cement over squeezed intervals and test squeeze to 1000 psi.
7. Selectively perforate the Lower Drinkard.
8. Acidize Lower Drinkard perforations with 3000 gallons 15% NE acid.
9. Run Baker AD-1 packer on internally coated tubing, displace annulus with treated water, and set packer.
10. Return well to injection.

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

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

SIGNED W. T. Thomas TITLE Area Engineer DATE 10-18-78
W. T. Thomas

(This space for Federal or State office use)

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

5. LEASE NM-10186	
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. 47	
10. FIELD OR WILDCAT NAME Dollarhide-Tubb Drinkard	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 31-24S-38E	
12. COUNTY OR PARISH Lea	13. STATE N.M.
14. API NO.	
15. ELEVATIONS (SHOW DF, KDB, AND WD) 3136' DF	

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

