

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

N. M. OIL & GAS, OPERATIONS
P. O. BOX 1980
HOBBS, NEW MEXICO 88240

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 Co.
3. ADDRESS OF OPERATOR
P.O. Box 728, Hobbs, N.M. 88240
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
2310' FNL & 330' 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 | <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) Report of: Repair Casing Leak

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.
51
10. FIELD OR WILDCAT NAME
Dollarhide Drinkard
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 31, T-24S, R-38E
12. COUNTY OR PARISH
Lea
13. STATE
New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3144' (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. Rigged up. Instal BOP. Pull tubing & pkr.
2. Ran csg inspection log. Locate Bad Casing 6082'-5800'.
3. Set CIBP @ 6230'. Ran 5" Casing liner & Set @ 6082'.
4. Cement W/500 sx class H Cement. Cement Did not circulate. Top of Cement 5400' BY Temperature survey.
5. WOC. DOC. Drill out CIBP. Clean out.
6. Ran 2 3/8" Plastic coated tubing W/pkr & Set @ 6244'. Load Annulus W/inhibited water.
7. Return to water injection, 12-22-84.

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

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

SIGNED W.B. Lutz TITLE Dist. Opr. Mgr. DATE 1-8-85

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY