SEP 22 1981

JAMES A. GILLHAM See Instructions on Reverse Side DISTRICT SUPERVISOR

1 - Engr.-JIM

1 - WIOs

l - File

1981

Form 9-331 Dec. 1973	M. OIL CONS. COM	MISSION	N		Approve t Bureau	d. u No. 42–R14	24
UNITED STATES P. DEPARTMENT OF THE INTE <b>R</b>	O. BOX 1980 F	CQ 188	240	<u> </u>			_
GEOLOGICAL SURVEY	BKD3. III			ALLOTTEE	OR TRI	BE NAME	
SUNDRY NOTICES AND REPORTS	ON WELLS			EEMENT NA			
(Do not use this form for proposals to drill or to deepen or preservoir. Use Form 9-331-C for such proposals.)	ug back to a different			llarhide EASE NAM	~	en Sand	oni
1. oil gas other Water In	jection Well	We		llarhid		en Sand	_Unit
2. NAME OF OPERATOR	<u> </u>	23			-		
Getty Oil Company		10. FIE	LD OR	WILDCAT N	AME		
3. ADDRESS OF OPERATOR	_	Do	llarh	ide Que	en	<del></del>	
P.O. Box 730 Hobbs, NM 88240				., M., OR B	LK. AN	D SURVEY	OR
4. LOCATION OF WELL (REPORT LOCATION CLEAR			EA 21	0.4 = 0.0	_	in de la companie de La companie de la co	
below.) Unit Ltr. C 330' FNL & 2310 AT SURFACE:	' FWL  -			-24S-381 R PARISH		TATE	
AT TOP PROD. INTERVAL:	İ			K FARISH			
AT TOTAL DEPTH:	-	<u>Le</u> 14. AP		<u>-</u>		<u>M</u>	
16. CHECK APPROPRIATE BOX TO INDICATE NAT	TURE OF NOTICE,				77		
REPORT, OR OTHER DATA	·  -	15. EL	EVATIO	NS (SHOW	DF, KI	DB, AND V	VD)
REQUEST FOR APPROVAL TO: SUBSEQUEN	LREPORT OF:	31	15' K	В			,
REPAIR WELL XX	DIL & GAS U.S. GEOLOGICAL ROSWELL, NEW A	E SURVE MÉXICO	Y	results of mu on Form 9–1	tid pedial to		Second Constitution
<ol> <li>DESCRIBE PROPOSED OR COMPLETED OPERA including estimated date of starting any propos measured and true vertical depths for all marker</li> </ol>	ed work. If well is dir	ectional	lv drille	etails, and d, give sub	give pe surface	ertinent da locations	tes, and
A recent bradenhead test indicat	ed a tubing/pa	cker	leak	on the	5 a bove	mentio	han
well. Getty proposes to do the							
1. Flow back well till dea							
2. Remove wellhead, instal	.l BOP						
<ol><li>Pull injection string</li></ol>							
4. Replace packer and test		n hol	.e			<u></u>	
5. Place well back on inje	ction			1. T			
Due to flow back requirements th	is work will c	ommen	.ce ap	proxima	tely	Decembe	r 1,
*			-	-			•
					± <sup>5</sup> •		
Subsurface Safety Valve: Manu. and Type				Set	@	<u> </u>	_ Ft.
18. I hereby certify that the foregoing is true and corr	rect						
SIGNED W. TITLE	Area Superinte	ndenţ	ATE	9/11/81			<u>-</u>
Fix Dale R Crockett							
APPROVED his space	for Federal or State offic				*		
APPROVED BY Sgd.) PETER W. CHESTER TITLE CONDITIONS OF APPROVAL, IF ANY:			DATE _			- <u> </u>	
1	1						

#7