

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions on
verse side)

Form approved.
Budget Bureau No. 42-R1424.

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 "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. LC-069052
2. NAME OF OPERATOR GETTY OIL COMPANY		6. IF INDIAN, ALLOTTEE OR TRIBE NAME — — — —
3. ADDRESS OF OPERATOR P. O. BOX 1351, MIDLAND, TEXAS 79702		7. UNIT AGREEMENT NAME West Dollarhide Queen Sand Unit
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit Letter D, 330'FNL & 990'FWL Sec. 31-24S-38E		8. FARM OR LEASE NAME West Dollarhide Queen Sand Unit
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3129' KB	9. WELL NO. 22
		10. FIELD AND POOL, OR WILDCAT Dollarhide Queen
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 31-24S-38E
		12. COUNTY OR PARISH Lea
		13. STATE New Mexico

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO :		SUBSEQUENT REPORT OF :	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input checked="" type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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) Move in workover rig. Pull rods and tubing.
- 2) Set Cast Iron Bridge Plug at +3500' with 25 sacks cement on top.
- 3) Set 25 sack cement plug 2600-2800'.
- 4) Perforate 5-1/2" OD Casing at 1300' with 2 shots.
- 5) Cement squeeze perms. 1300' with sufficient cement to provide 200' of cement outside casing 1100-1300'.
- 6) Set 100 sack cement plug 1100-1300'.
- 7) Set 10 sack cement plug to surface.
- 8) Install dry hole marker.

All strings of casing will be left in the hole.
All intervals not cemented will be filled with 10.2# mud.

18. I hereby certify that the foregoing is true and correct
 (SIGNED) LELAND FRANZ
 SIGNED Leland Franz TITLE Dist. Production Manager DATE 2-23-77

(This space for Federal or State office use)

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

APPROVED
 AS AMENDED
 MAR 9 1977
 BERNARD MOROZ
 DISTRICT ENGINEER