

O+6 - USGS (P.O. Drawer 1857, Roswell, NM)
1 - Admin Unit-Midland 1 - File
1-JIM-Engr.
1-CK-Foreman

Form 9-331
Dec. 1973

HOBBS, NEW MEXICO 88240

Form Approved.
Budget Bureau No. 42-R1424

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 ☐
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.)
AT SURFACE: Unit ltr. F, 1750' FNL & 2310' FWL
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 checked="" 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) | | |

5. LEASE
LC-069052
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
West Dollarhide Queen Sand Unit
9. WELL NO.
33
10. FIELD OR WILDCAT NAME
Dollarhide Queen
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
S-31, T-24-S, R-38-E
12. COUNTY OR PARISH
Lea
13. STATE
NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3114' KB

(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.
- 2) Pull rods and pump.
- 3) Install BOP.
- 4) Clean out to 3735'.
- 5) Run GR-Neutron log, perforate Upper Queen as necessary.
- 6) Acidize with 4500 gal. 20% HCl.
- 7) Run tbq. pump, and rods.
- 8) Return well to production.

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

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

SIGNED PETER W. CHESTER TITLE Area Superintendent DATE August 20, 1981

(Orig. Sgd.) PETER W. CHESTER (This space for Federal or State office use)

APPROVED BY JAMES A. GILLHAM TITLE _____ DATE _____

FOR
JAMES A. GILLHAM
DISTRICT SUPERVISOR

*See Instructions on Reverse Side