

N. M. OIL CONS. COMMISSION

P. O. BOX 1980

HOBBS, NEW MEXICO 88240

O+6 - BLM - P.O. Box 1857, Roswell, 1-File, 1-Engr. JIM, 1-Foreman CK

Form 9-331 1 - Laura Richardson-Midland
Dec. 1973Form Approved.
Budget Bureau No. 42-R1424UNITED 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 ☐
well well

DIST. 6 N. M.

2. NAME OF OPERATOR
Getty Oil Company3. ADDRESS OF OPERATOR
P.O. Box 730 Hobbs, NM 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: Unit 1tr. H, 1980' FNL & 660 FEL
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 ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☒
(other) Revised ☒☐
☐
☐
☐
☐
☐
☐
☐5. LEASE
NM-03429A
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
West Jal Unit
9. WELL NO.
1
10. FIELD OR WILDCAT NAME
West Jal Delaware
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 20, 25S-36E
12. COUNTY OR PARISH
Lea
13. STATE
NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3138' D.F.

(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.)*

Revised procedure as per conversation with Mr. Peter Chester 7/18/83:

1. Install B.O.P.
2. Set C.I.B.P. at +7860 w/35' cement on top.
3. Perforate 2 holes @ 6375' & squeeze with sufficient cement to bring cement to 6225'.
4. Set cement plug 1230-1330' top of salt. (in & behind casings).
5. Set 50' surface plug.
6. Install dry hole marker.
7. Restore location.

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

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

SIGNED _____ DATE _____ TITLE Area Superintendent DATE July 22, 1983

APPROVED

(This space for Federal or State office use)

(Orig. Sub.) _____ W. CHESTER
APPROVED BY
CONDITIONS OF APPROVAL IF ANY

TITLE _____ DATE _____

SEP 14 1983

RECEIVED

SEP 15 1983

C.C.D.
HOBBS OFFICE