

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE\*  
(Other instructions on re-  
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-032650 (b)
2. NAME OF OPERATOR GETTY OIL COMPANY		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR Box 249, Hobbs, New Mexico 88240		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  1650' FSL & 1650' FWL		8. FARM OR LEASE NAME A. B. Coates "C"
14. PERMIT NO.		9. WELL NO. 27
15. ELEVATIONS (Show whether DF, RT, GR, etc.)		10. FIELD AND POOL, OR WILDCAT Justis Blinebry
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 24-T25S-R37E
		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"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<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.)	<input type="checkbox"/>
PULL OR ALTER CASING	<input checked="" type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
CHANGE PLANS	<input type="checkbox"/>		

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.)\*

We propose to test the Glorieta Gas Zone (To replace Well #13), and to additionally perforate and treat the Blinebry Zone as follows:

Run Gamma Ray-Collar Log from TD (5505') to 4000'. Perforate the Blinebry as follows: 4986, 94'; 5002, 09, 13; 5102, 05, 12, 19½, 26½, 29, 49, 71, 81; 5234, 57; 5314, 23, 28, 38, 42, 47, 57, and 59. Treat above perforations with 3,100 gals. 15% NE acid.

Perforate Glorieta @ 4686, 91; 4704, 10, 17, 23, 28'. Treat with 2500 gal. 15% NE acid. Swab test Glorieta. If the Glorieta completion is water free, run completion. Set 4-1/2" TIW packer at 4800'. Run seating nipple above packer w/sliding sleeve above. Set plug in SN, open sleeve, swab Glorieta to flow. Close sleeve. Test to 1000#. Pull plug and swab Blinebry to flow.

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

Original Signed By  
SIGNED C. L. WADE

TITLE Area Superintendent

DATE November 28, 1969

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED

DEC 1 1969

ARTHUR R. B...  
DISTRICT ENGINEER

\*See Instructions on Reverse Side