1- B.CARY -MIDLAND 1-EB-ENGR 5-USGS-HOBBS 1-R.J.STARRAK-TULSA 1-. LE 1-CK-FOREMAN Form Approved. Form 9-331 1-BH-FLD CLK Budget Bureau No. 42-R1424 Dec. 1973 UNITED STATES 5. LEASE 26399 DEPARTMENT OF THE INTERIOR 6. IF INDIAN, ALLOTTEE OR TRIBE NAME GEOLOGICAL SURVEY 7. UNIT AGREEMENT NAME 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.) 8. FARM OR LEASE NAME Federal 13-A oii gas well X other 9. WELL NO. well 2. NAME OF OPERATOR 10. FIELD OR WILDCAT NAME Getty Oil Company Wildcat (0il) 3. ADDRESS OF OPERATOR 11. SEC., T., R., M., OR BLK. AND SURVEY OR P. O. Box 730, Hobbs, New Mexico 88240 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 Sec. 13, T-25-S, R-35-E AT SURFACE: Unit Ltr. A, 330' FNL & 330' FEL 12. COUNTY OR PARISH 13. STATE AT TOP PROD. INTERVAL: New Mexico AT TOTAL DEPTH: 14. API NO. 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA 15. ELEVATIONS (SHOW DF, KDB, AND WD) 3139' GL SUBSEQUENT REPORT OF: REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (NOTE: Report results of multiple completion or zone PULL OR ALTER CASING change on Form 9-330.) MULTIPLE COMPLETE CHANGE ZONES ... ABANDON\* (other) 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.)\* This confirms Verbal Approval 7/27/79 from Mr. A. R. Brown, USGS, to Plug & Abandon this Well. PROPOSE TO PLUE AND ARANGEN BY REACING 100'CEMENT PLUGS AS FOLLOWS; 3464-3164 3327-3421 3188-3281 U. S. GEOLOGICAL SURVE ' HOBBS, NEW MEXICO 450-550 IV SAX AT SURFACE \_\_\_\_\_ Set @ \_\_\_\_\_ Ft. Subsurface Safety Valve: Manu, and Type 18. I hereby certify that the foregoing is true and correct Area Supt. .\_\_ DATE (This space for Federal or State office use) TITLE APPROVED BY CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side