

5-USGS-Hobbs 1-R.W. Blohm-Midland 1-File
1-W.A. Frnka-Tulsa 1-BWI-ML 9-WIO's
Form 9-331
Dec. 1973 1-JDM-Engr.

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 ☐ Water Injection

2. NAME OF OPERATOR
Getty Oil Company

3. ADDRESS OF OPERATOR
P.O. Box 730, Hobbs, NM 88240

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

AT SURFACE: Unit Ltr 0, 660' FSL &

AT TOP PROD. INTERVAL: 1980' FEL

AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) ☐

SUBSEQUENT REPORT OF:

☒
☐
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☐

RECEIVED

(NOTE: Report results of multiple completion or zone
on Form 9-330.)

DEC 9 1980

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

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.)*

11/27/80 Drilled 7 7/8" hole to TD (3750') at 10:30 A.M. Ran 95 jts. (3741') 5 1/2" OD, 14# K-55 8rd ST&C R-3 casing and set at 3750'. Halliburton cemented with 1450 sxs. of Lite w/1/4# Flocele, 15% salt, and tailed in w/200 sxs. 50-50 POZ-Mix, 6% salt, 4% Gel, and 2% CaCl. Total cement - 1650 sxs. Plug down at 3:15 P.M. Circulated 200 sxs. cement Waiting on completion.

ACCEPTED FOR RECORD

DEC 10 1980

U.S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO
Set @

Subsurface Safety Valve: Manu. and Type

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

SIGNED Dale R. Crockett TITLE Area Supt. DATE 12/8/80

(This space for Federal or State office use)

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