

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPI
(Other instructions
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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"/>		7. UNIT AGREEMENT NAME Myers Langlie Mattix Unit
2. NAME OF OPERATOR Getty Oil Company		8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR P.O. Box 730, Hobbs, NM 88240		9. WELL NO. 252
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit Ltr. P, 685 FSL & 660 FEL		10. FIELD AND POOL, OR WILDCAT Langlie Mattix
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 31, T-23S, R-37E
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3312.1 GR	12. COUNTY OR PARISH Lea
		13. STATE NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
(Other) <u>Drlg.</u>	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)*

7/28/84 Riggind down 7 7/8" hole @ 3754'. Ran 95 jts 3733', 5 1/2", 8rd, 14 - 15 1/2, 17#, J-55, LT&C and ST&C. Set @ 3749'. FC 3714'. 10 centralizers. By Howco cement w/ 550 sxs lite, 18% salt. 1/2# flo-cel, 200 sxs of 50-50 poz mix, 2% CC, 1/4# flow-cel. Plug down 6:15 A.M. Circ, 35 sxs.

7/29/84 Rig down & move out. Release rig @ 12:00 P.M. Waiting on completion unit.

I hereby certify that the foregoing is true and correct

SIGNED Dale R. Crockett TITLE Area Superintendent DATE August 1, 1984
(This space for Federal or State office use)

APPROVED BY _____ TITLE AUG 17 1984 DATE _____
CONDITIONS OF APPROVAL, IF ANY:

0+6-BLM-Carlsbad 1-Mr. J.A.-Midland
1-File 1-Engr RH, 1-Foreman HC
1-JA, 1-BB, 1-BK

*See Instructions on Reverse Side NEW MEXICO