

UNITED STATES
DEPARTMENT OF THE INTERIORSUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.

GEOLOGICAL SURVEY

5. LEASE DESIGNATION AND SERIAL NO.

NM 21644

6. IF INDIAN, ALLOTTEE OR TRIBE 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 "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	
2. NAME OF OPERATOR Getty Oil Company	
3. ADDRESS OF OPERATOR P. O. Box 1351, Midland, Texas 79702	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit Letter J, 1980' FSL & 1980' FEL, Sec. 25-23S-36E	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3338' DF

7. UNIT AGREEMENT NAME Myers Langlie-Mattix Unit	
8. FARM OR LEASE NAME Myers Langlie-Mattix Unit	
9. WELL NO. 33	
10. FIELD AND POOL, OR WILDCAT Langlie-Mattix	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 25-23S-36E	
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:

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"/>		<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 type="checkbox"/>
(Other) Casing Connections	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>

(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.)*

Riser on 13-3/8" OD and 8-5/8" OD Casing brought to surface.
Riser on 8-5/8" OD and 5-1/2" OD Casing brought to surface.

Inspected by L. A. Clements on March 5, 1977.

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

(signed) D. R. Crow D. R. Crow

TITLE Lead Clerk

DATE March 14, 1977

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

*See Instructions on Reverse Side

