

UNITED STATES  
DEPARTMENT OF THE INTERIOR

GEOLOGIC SURVEY

SUBMIT IN TRIPPLICATE\*  
(Other instructions on re-  
verse side)Form Approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 21644

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 ☐ GAS ☐ OTHER ☒ Water Injection Well

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 O, 660' FSL & 1980' FEL, Sec. 25-23S-36E

7. UNIT AGREEMENT NAME  
Myers Langlie-Mattix Unit

8. FARM OR LEASE NAME  
Myers Langlie-Mattix Unit

9. WELL NO.  
37

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 13. STATE

Lea New Mexico

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3344' DF

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

(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 10-3/4" OD and 7-5/8" OD casing brought to surface.

Riser on 7-5/8" 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 (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

ACCEPTED FOR RECORD

MAR 21 1977

U. S. GEOLOGICAL SURVEY  
HOBBS, NEW MEXICO

\*See Instructions on Reverse Side