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NEW MEXICO OIL CONSERVATION COMMISSION
O + 2 - NMOCC - HOBBS
1-FILE

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease	State ☒	Fee ☐
5. State Oil & Gas Lease No.	B-1327	

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PRODUCTION TO OIL OR GAS, OR FOR OTHER PURPOSES. USE APPLICATION FOR PERMIT TO DRILL OR OTHER PURPOSES.)

1. ☒ OIL WELL ☐ GAS WELL ☐ OTHER

2. Name of Operator
GETTY OIL COMPANY

3. Address of Operator
P.O. BOX 730, HOBBS, NEW MEXICO 88240

4. Location of Well
UNIT LETTER K 1980 FEET FROM THE SOUTH LINE AND 1750 FEET FROM THE WEST LINE, SECTION 32 TOWNSHIP 23S RANGE 37E N.M.P.C.

15. Elevation (Show whether DF, RT, GR, etc.)
3303' GL

7. Unit Agreement Name
MYERS LANGLIE MATTIX

8. Form of Lease Name
MYERS LANGLIE MATTIX

9. Well No.
93

10. Field and Pool, or Wildcat
LANGLIE MATTIX

12. County
LEA

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOB ☒	OTHER ☐

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Spudded 11" Hole 3:00 P.M. 12-12-77. Drilled to 500'. On 12-12-77 Set 8-5/8" CD 24# 8Rd NPT R3 Casing at 500'. Dowell cemented 8-5/8" casing w/150 sxs. Dowell Lite w/6% Gel and 1/4# Celloflakes/Sk. and 150 sxs. Class "C" Cement w/2% CaCl₂ & 1/4# Celloflakes/Sk. Cement Circulated. WOC 12 hrs. Tested 8-5/8" casing w/1000# for 30 minutes. No Drop in Pressure.

MIN WOC - 13 HRS

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED *John R. Crockett* TITLE AREA SUPERINTENDENT DATE 1-12-78

APPROVED BY *Jerry Saxton* TITLE Chief Engineer DATE JAN 16 1978

CONDITIONS OF APPROVAL, IF ANY: