

UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> INJECTION WELL		7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR		MYERS LANGLIE MATTIX UNIT
3. ADDRESS OF OPERATOR		8. FARM OR LEASE NAME
P.O. BOX 730, HOBBS, NEW MEXICO 88240		MYERS LANGLIE MATTIX UNIT
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface		9. WELL NO.
UNIT LETTER I, 760' FEL & 1980' PSL		32
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT
15. ELEVATIONS (Show whether DF, RT, GR, etc.)		LANGLIE MATTIX
3344' GR		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
		SEC. 25-23S-36E
		12. COUNTY OR PARISH
		LEA
		13. STATE
		N.M.

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input checked="" type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input 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.)*

Drilled 7-7/8" Hole to 3731'. Set 5-1/2" 15.5# 8Rd Casing @ 3731'. Dowell cemented w/800 Sxs. Lt.Wt. 6% Gel and 18# Salt/Sx and 1/4# Celloflakes/Sk. and 200 Sks. Class "C" Cement with 3# Salt and 1/4# Celloflakes/Sk. Cement circulated. WOC 24 hrs. Tested 1200# for 30 minutes. No Drop in Pressure.

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

SIGNED Dale B. Crockett

TITLE AREA SUPERINTENDENT DATE 12-28-77

(This space for use by the State Engineer)

ACCEPTED FOR RECORD
DEC 29 1977
D.B.C.
U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

APPROVED BY

TITLE DATE

CC: Amoco-Levelland
Gulf-Midland
Texaco-Hobbs

*See Instructions on Reverse Side