

UNITED STATES
DEPARTMENT OF THE INTERIOR

GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse 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 ☒ GAS WELL ☐ OTHER ☐

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 N, 660' FSL & 1980' FWL, Sec. 25-23S-36E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3338' KB

7. UNIT AGREEMENT NAME

Myers Langlie-Mattix Unit

8. FARM OR LEASE NAME

Myers Langlie-Mattix Unit

9. WELL NO.

36

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"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

PULL OR ALTER CASING

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Casing Connections

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

<input type="checkbox"/>
<input type="checkbox"/>
<input 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.

herby certify that the foregoing is true and correct

(Signed) D. R. Crow D. R. Crow TITLE Lead Clerk

DATE March 14, 1977

Is space for Federal or State office use)

OVED BY
ITIONS OF APPROVAL, IF ANY:

TITLE

*See Instructions on Reverse Side

