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# NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101  
Supersedes Old  
C-102 and C-103  
Effective 1-1-65

## SUNDRY NOTICES AND REPORTS ON WELLS

DO NOT USE THIS FORM FOR ANY OTHER PURPOSES OR FOR ANY OTHER THAN THE PURPOSES SPECIFIED HEREIN.

|                                                                                                                                                                                                           |  |                                                                                                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------|
| 1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER                                                                                          |  | 5a. Indicate Type of Lease<br>State <input type="checkbox"/> Fee <input checked="" type="checkbox"/> |
| 2. Name of Operator<br><b>Getty Oil Company</b>                                                                                                                                                           |  | 5. State Oil & Gas Lease No.<br>-----                                                                |
| 3. Address of Operator<br><b>P. O. Box 1351, Midland, Texas 79702</b>                                                                                                                                     |  | 7. Unit Agreement Name<br><b>Myers Langlie-Mattix Unit</b>                                           |
| 4. Location of Well<br>UNIT LETTER <b>B</b> <b>660</b> FEET FROM THE <b>North</b> LINE AND <b>1980</b> FEET FROM<br>THE <b>East</b> LINE, SECTION <b>25</b> TOWNSHIP <b>23S</b> RANGE <b>36E</b> N.M.P.M. |  | 8. Name of Lease Name<br><b>Myers Langlie-Mattix Unit</b>                                            |
| 10. Elevation (Show whether DF, KT, GR, etc.)<br><b>3349' DF</b>                                                                                                                                          |  | 9. Well No.<br><b>11</b>                                                                             |
|                                                                                                                                                                                                           |  | 10. Field and Pool, or Wildcat<br><b>Langlie-Mattix</b>                                              |
|                                                                                                                                                                                                           |  | 12. County<br><b>Lea</b>                                                                             |

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

|                                                |                                           |                                                                     |                                               |
|------------------------------------------------|-------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------|
| PERFORM REMEDIAL WORK <input type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/>                              | ALTERING CASING <input type="checkbox"/>      |
| TEMPORARILY ABANDON <input type="checkbox"/>   | CHANGE PLANS <input type="checkbox"/>     | COMMENCE DRILLING OPS. <input type="checkbox"/>                     | PLUG AND ABANDONMENT <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/>  | OTHER <input type="checkbox"/>            | CASING TEST AND CEMENT JOBS <input type="checkbox"/>                |                                               |
|                                                |                                           | OTHER <b>Casing Connections</b> <input checked="" type="checkbox"/> |                                               |

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.

**Riser on 8 5/8" OD and 4 1/2" OD Casing brought to surface.**

**Inspected by L. A. Clements on March 2, 1977.**

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

SIGNED D. R. Crow TITLE Lead Clerk DATE March 16, 1977

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

MAR 21 1977