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NEW MEXICO OIL CONSERVATION COMMISSION

3-NMOCD-HOBBS 10-WIO's 1-JDM-ENGR
1-FILE 1-BWI-FOREMAN

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

5a. Indicate Type of Lease State [XX] Fee [ ]

5. State Oil & Gas Lease No. B-243

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 —" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL [X] GAS WELL [ ] OTHER-

7. Unit Agreement Name: Myers Langlie Mattix Unit

2. Name of Operator: Getty Oil Company

8. Farm or Lease Name: Myers Langlie Mattix Unit

3. Address of Operator: P. O. Box 730 Hobbs, New Mexico 88240

9. Well No. 104

4. Location of Well: UNIT LETTER P, 660 FEET FROM THE South LINE AND 660 FEET FROM THE East LINE, SECTION 36 TOWNSHIP 23S RANGE 36E NMPM.

10. Field and Pool, or Wildcat: Langlie Mattix

15. Elevation (*Show whether DF, RT, GR, etc.*): 3328' DF

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 [ ]		COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]	CHANGE PLANS [ ]	CASING TEST AND CEMENT JOB [ ]	
OTHER clean out and frac [X]		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.

1. Rig up pulling unit.
2. Pull rods and pump and install BOP.
3. By wireline, cut tubing free at 3330'.
4. Washover packer and POH.
5. Clean out open hole to ± 3700'.
6. Run GR-CNL-FDC & DLL-R&D from TD to 3000'.
7. Fracture treat with 54,000 gallons crosslinked gel, 162,000# 20/40 sand and 81,000 16 10/20 sand.
8. Shut in overnight.
9. Set plug in packer and area circulating valve.
10. Swab on Jalmat.
11. Remove plug, run pump and return to production.

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

SIGNED Dale R. Crockett TITLE Area Superintendent DATE 3/20/81

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: