

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.
LEASE DESIGNATION AND SERIAL NO.

LC030187 NM-27721

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 checked="" type="checkbox"/> <u>Water Injection Well</u>	6. IF INDIAN, ALLOTTEE OR TRIBE NAME -----
2. NAME OF OPERATOR <u>Getty Oil Company</u>	7. UNIT AGREEMENT NAME <u>Myers Langlie-Mattix Unit</u>
3. ADDRESS OF OPERATOR <u>P. O. Box 1351, Midland, Texas 79702</u>	8. FARM OR LEASE NAME <u>Myers Langlie-Mattix Unit</u>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <u>Unit Letter E, 1980' FNL & 660' FWL, Sec. 29-23S-37E</u>	9. WELL NO. <u>17</u>
14. PERMIT NO.	10. FIELD AND POOL, OR WILDCAT <u>Langlie-Mattix</u>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>3312' DF</u>	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 29-23S-37E</u>
	12. COUNTY OR PARISH <u>Lea</u>
	13. STATE <u>New Mexico</u>

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"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input checked="" type="checkbox"/> <u>Casing Connections</u>	
(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" OD and 8-5/8" OD casing brought to surface.

Riser on 8-5/8" OD and 6" OD casing brought to surface.

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

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

(Signed) D. R. Crow

SIGNED D. R. Crow

TITLE Lead Clerk

DATE March 17, 1977

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

*See Instructions on Reverse Side

ACCEPTED FOR RECORD

MAR 22 1977

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO