

**UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY**

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 Form 9-331-C for such proposals.)

1. oil ☒ gas ☐ other ☐
well well well

2. NAME OF OPERATOR
Getty Oil Company

3. ADDRESS OF OPERATOR
P.O. Box 730, Hobbs, N.M.

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
Unit Ltr. F, 1980 FNL & 1980'
AT SURFACE: FWL Sec. 29-T-23S, R-37E
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☒
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) ☐

SUBSEQUENT REPORT OF:

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☐
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☐

RECEIVED
JUL 29 1980
U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

5. LEASE
NM-27721

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
Myers Langlie Mattix Unit

8. FARM OR LEASE NAME
Myers Langlie Mattix Unit

9. WELL NO.
18

10. FIELD OR WILDCAT NAME
Langlie-Mattix

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
29-23S-37E

12. COUNTY OR PARISH
Lea

13. STATE
N.M.

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3305' DF

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)*

1. Rig up pulling unit.
2. Pull rod and tubing
3. GIH with bit, clean out to \pm 3650'.
4. GIH with packer and set at 3450'.
5. Acidize with 3000 gallons 15% NEFE HCL acid.
6. Swab test.
7. If necessary, fracture treat with 20,000 gallons CO₂, 20,000 gallons gelled water, 27,000# 20/40 mesh sand, 24,000# 10/20 mesh sand and 3000 gallons paraffin dispersed.
8. Sand pump if necessary.
9. Run tubing and rods and return to production.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Dale R. Crockett TITLE Area Supt. DATE July 28, 1980

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

APPROVED

AUG 1 1980
JMK
DISTRICT SUPERVISOR