

COPY TO O. C. C.

5-USGS-HOBBS

1-FILE

1-ELB, ENGR.

1-R.J. STARRAK-TULSA 10-WIO

1-HCL, FOREMAN

Form 9-331
Dec. 1973

1-A.B. CARY-MIDLAND 1-BH

Form Approved.
Budget Bureau No. 42-R1424UNITED 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 ☒ well gas ☐ well other ☐
2. NAME OF OPERATOR
GETTY OIL COMPANY
3. ADDRESS OF OPERATOR
P. O. BOX 730, HOBBS, NEW MEXICO 88240
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: UNIT LTR J, 1880' FSL, & 2080' FEL
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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5. LEASE
LC-057420
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
Myers Langlie Mattix Unit
8. FARM OR LEASE NAME

9. WELL NO.
25
10. FIELD OR WILDCAT NAME
Langlie Mattix
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
SEC. 29, T-23-S, R-37-E
12. COUNTY OR PARISH
LEA
13. STATE
NEW MEXICO
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3316' GR

(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.)*

Drilled 7 7/8" hole to 3744' and set 5 1/2", 15.5# K-55 casing at 3744' on 8-2-78. B. J. cemented with 800 sxs. Lite Mate Cement, 18# salt; 1/4# Flo-Cel; and 2% CaCl/sk. and 200 sxs. Class "C" Cement with 9# salt and 2% CaCl/sk. Cement circulated 210 sxs. Waiting on completion.

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 9/1/78

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

BH/de

*See Instructions on Reverse Side

ACCEPTED FOR RECORD

SEP 11 1978

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO