

5-USGS-HOBBS -FILE 1-ELB, ENGR.  
 Form 9-331 1-R.J. STARRAK-TULSA 1-BH 1-HCL, FOREMAN  
 Dec. 1973 1-A.B. CARY-MIDLAND 10-WIO

Form Approved.  
 Budget Bureau No. 42-R1424

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 ☐  
 well 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:

SUBSEQUENT REPORT OF:

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

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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-37E

12. COUNTY OR PARISH 13. STATE  
 LEA 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.)\*

Moran Brothers spudded 12 1/4" hole at 9:00 p.m. on 7/27/78. Drilled 12 1/4" hole to 520'. Set 8 5/8" 24#, K-55 casing @ 504', and B. J. cemented with 200 sxs. Lite-Wate with 2% CaCl and 1/4# Flo-Cel/sk. and 150 sxs. Class "C" Cement with 2% CaCl and 1/4# Flo-Cel/sk. 35 sxs. cement circulated. Tested casing with 1000# for 30 minutes with no drop in pressure.

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

