

5-USGS-Hobbs
1-Midland
Form 6-31e
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPL
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

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 checked="" type="checkbox"/> OTHER <input type="checkbox"/> Water injection	5. LEASE DESIGNATION AND SERIAL NO. LC 057420
2. NAME OF OPERATOR Getty Oil Company	6. IF INDIAN, ALLOTTEE OR TRIBE NAME -----
3. ADDRESS OF OPERATOR P.O. Box 730 Hobbs, New Mexico 88240	7. UNIT AGREEMENT NAME -----
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2310' FSL and 990' FEL, Sec. 29	8. FARM OR LEASE NAME Myers Langlie Mattix Unit
14. PERMIT NO.	9. WELL NO. 24
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3310' DF	10. FIELD AND POOL, OR WILDCAT 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.

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JAN 4 1978
U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

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"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Convert to injection <input checked="" type="checkbox"/>	

(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.)*

Pulled 2 3/8" tbg. Squeezed Jalmat perforations 2693'-3040' with 175 sks cmt. Drilled out cement. Tested Jalmat perforations with 1000# , OK. Drilled out cement plug at 3390'-3630'. Ran Gamma Ray Neutron log. Ran injection tubing with tension packer set at 3455'. Waiting on injection line. 10-19-77

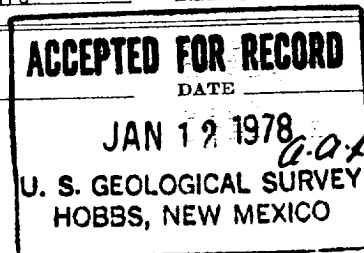
18. I hereby certify that the foregoing is true and correct

SIGNED [Signature] TITLE Area Superintendent DATE 12-14-77

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY:



*See Instructions on Reverse Side