

5 - U.S.G.S. Hobbs, N.M. 88240 1 - BWI, Forema
1 - Admin. Unit Midland 1 - File
1 - JDM Engineer 10 - WIO's

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 ☐ other water injection well
2. NAME OF OPERATOR
Getty Oil Company
3. ADDRESS OF OPERATOR
PO Box 730 Hobbs, NM 88240
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: Unit Ltr. K, 1980 FSL & 1980 FWL
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 <input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE <input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES <input type="checkbox"/>	<input type="checkbox"/>
ABANDON* <input type="checkbox"/>	<input type="checkbox"/>
(other) Run Liner <input checked="" type="checkbox"/>	

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) Install BOP and pull tubing and packer
- 3) TIH with bit and clean out to \pm 3750'
- 4) Run CNL-FDC 3750'-2500'
- 5) Run 4" liner and cement
- 6) WOC 24 hours.
- 7) Perforate based on electric logs
- 8) Acidize with 15% NE acid
- 9) Run packer and injection tubing and place on injection

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 Superintendent DATE 6-18-81

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

5. LEASE
060825(a)
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
Myers Langlie Mattix Unit
8. FARM OR LEASE NAME
Myers Langlie Mattix
9. WELL NO.
26
10. FIELD OR WILDCAT NAME
Langlie Mattix
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 29, T23S, R37E
12. COUNTY OR PARISH
Lea
13. STATE
NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3326 DF

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

APPROVED

JUL 1 1981

JAMES A. GILLHAM
DISTRICT SUPERVISOR