

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL NO.

LC060825A

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 type="checkbox"/> OTHER <input checked="" type="checkbox"/> Water Injection Well		6. IF INDIAN, ALLOTTEE OR TRIBE NAME -----
2. NAME OF OPERATOR Getty Oil Company		7. UNIT AGREEMENT NAME Myers Langlie-Mattix Unit
3. ADDRESS OF OPERATOR P. O. Box 1351, Midland, Texas 79702		8. FARM OR LEASE NAME Myers Langlie-Mattix Unit
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Unit Letter K, 1980' FSL & 1980' FWL, Sec. 29-23S-37E		9. WELL NO. 26
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT Langlie-Mattix
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3326' DF		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 29-23S-37E
		12. COUNTY OR PARISH Lea
		13. STATE New Mexico

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other) ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) **Casing Connections** ☒

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☐

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.)*

Riser on 8-5/8" OD and 5-1/2" OD casing brought to surface.

Inspected by L. A. Clements on March 2, 1977.

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

SIGNED

(signed) D. R. Crow

TITLE

Lead Clerk

DATE **March 17, 1977**

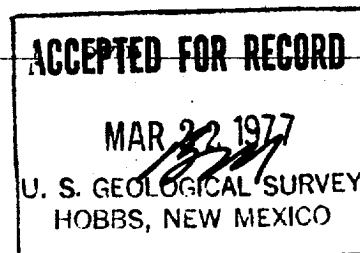
(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side



RECEIVED

1957

1957

1957

1957