

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 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. F 1650' FNL & 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 checked="" 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)	<input type="checkbox"/>		<input type="checkbox"/>

5. LEASE
LC-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 Unit

9. WELL NO.
14

10. FIELD OR WILDCAT NAME
Langlie Mattix

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 30, T-23S, R-37E

12. COUNTY OR PARISH
Lea

13. STATE
NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3352 DF

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

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MAR 24 1981
U.S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

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 and install BOP, pull tubing and rods.
2. Clean out and deepen with produced water to 3750'.
3. POH.
4. Run GR-CNL-Caliper from 3750' to 2500'.
5. Acidize through tubing under packer with 3000 gallons 15% NEHCL 200# rock salt and 200# benzoic flakes in two stages (block may vary).
6. Swab.
7. Fracture treat with 20,000 gallons x-linked gel, 20,000 gallons CO₂, 56,000# 20/40 sand, 24,000# 10/20 sand and 4 drums scale inhibitor.
8. Flow back.
9. Return to production.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Dale B. Crockett TITLE Area Superintendent DATE 3-20-81

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

APPROVED
James A. Gillham
MAR 25 1981
JAMES A. GILLHAM
DISTRICT SUPERVISOR