

## N. M. OIL CONS. COMMISSION

P. O. BOX 1920

HOBBS, NEW MEXICO 88240

0+ 6-BLM-Roswell

1 - Engr. RH

1-Mr. J.A.-Midland

1-Laura Richardson-Midland

1 - Foreman HC

1 - File

Form 9-331  
Dec. 1973

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 ☐ well gas ☐ well other ☐ injection well2. NAME OF OPERATOR  
Getty Oil Company3. ADDRESS OF OPERATOR  
P.O. Box 730 Hobbs, NM 882404. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: Unit ltr. A 660 FNL & 660 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) ☐5. LEASE  
LC060825A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME  
Myers Langlie Mattix Unit

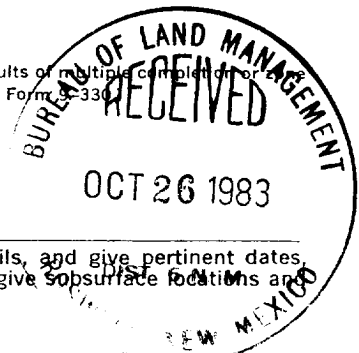
8. FARM OR LEASE NAME

9. WELL NO.  
510. FIELD OR WILDCAT NAME  
Langlie Mattix11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 30, T23S, R37E12. COUNTY OR PARISH  
Lea13. STATE  
NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)  
3330' DF

(NOTE: Report results of multiple completion or change on Form 9-331-C)



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.)\*

Flow well back to pit or vacuum truck to remove sediment.

1. Rig up pulling unit and install BOP.

2. Release pkr. and pull tbg. and pkr.

3. TIH with workstring and bit and clean out to PBTD.

4. POH with workstring and bit.

5. TIH w/workstring and pkr. and set pkr. a maximum of 100' above perfs.

6. Acidize perfs using 100 gallons of 15% NEFE HCL per net foot plus 3-5% Checkersol as per recommendation.

7. Swab and/or flow back load.

8. TOH with workstring and pkr.

9. TIH with injection tbg. and pkr. and return to injection.

10. Monitor rates and pressures and run step rate test.

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 October 24, 1983

RH

APPROVED

(This space for Federal or State office use)

APPROVED BY PETER W. CHESTER (Orig. Sgd.) TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

SUBJECT TO L&M  
APPROVAL OF STATE

DEC 9 1983

\*See Instructions on Reverse Side