5-USGS DBBS

1-ENGINEER

Form Approved.

Dec. 1973 1-FILE	Budget Bureau No. 42-R1424
UNITED STATES	5. LEASE မူရှိမို့မှု <u>နို့ ခိုခိုင်</u>
DEPARTMENT OF THE INTERIOR	LC-060825-A A A A A A A A A A A A A A A A A A A
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
DEPORTS ON WELLS	7. UNIT AGREEMENT NAME
SUNDRY NOTICES AND REPORTS ON WELLS	MYERS LANGLIE MATTIX UNIT
Do not use this form for proposals to drill or to deepen or plug back to a different eservoir. Use Form 9–331–C for such proposals.)	8. FARM OR LEASE NAME MYERS LANGLIE MATTIX UNIT
1. oil G., gas G	
well XX well other	9. WELL NO. 8 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
2. NAME OF OPERATOR GETTY OIL COMPANY	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR P. O. BOX 730, HOBBS, NEW MEXICO 88240	LANGLIE MATTIX 11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	AREA QUANTO SERVICE
below.)	Sec. 30, T-23-S, R-37-E
AT SURFACE: 660' FEL & 660' FNL, SEC. 30	12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL:	LEA SASS NEW MEXICO
AT TOTAL DEPTH:	14. API NO. 축물폭ੱ 및 호흡설명
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	<u> </u>
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
	3330' D.F. 5053 5 3600
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	9 BES - I 5258
FRACTURE TREAT	
SHOOT OR ACIDIZE U U REPAIR WELL U	(NOTE: Report results of multiple completion or zone
PULL OR ALTER CASING	change on Form 9-330.)
MULTIPLE COMPLETE	
CHANGE ZONES	그 그는 전 가는 중요한 함께 보고 중요한다. 그래요
ABANDON* (other) PLACE BACK ON PRODUCTION.	그는 그는 그를 하늘하는 것 같아 하는 것 같아.
	<u> </u>
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state	te all pertinent details, and give pertinent dates,
including estimated date of starting any proposed work. If well is a measured and true vertical depths for all markers and zones pertine	migelionally diffied, give substituce locations and
measured and true vertical depend for an incinior and assured	그는 그는 그는 그를 잃었습니다. 김학육을 모르는
This well has been removed from Temporary Aband	lonment Status and placed back
in operation.	그 그 그 이 그를 보고를 한 다 된 한 병원이다.
III Operation	음식 본설로 이 복이 선택 활동
	Beautic through through through the tra- tal and the tra- tal and the tra-
	보기를 하는 기계를 하는 것이 되었다.
	보는 물 수 함께 하는 그들은 가족했다.
	·
	생각 등 불리는 학생들은 기계를 받는 것이다.
	ကြည်ရှိသည်။ သည် မြောင်းမျှင်း ကြည်ရှိသည်။ သည် မြောင်းမျှင်း
	ಮೊ.ಬಂದ ಎಮ್. ಕ್ರೀಡ್ (ಕರ್ನ್
Subsurface Safety Valve: Manu. and Type	Set @Ft.
18. I hereby certify that the foregoing is true and correct	
AREA SUPT.	FEBRUARY 16, 1978
SIGNED THE	DATE
Dale R. Crockett (This space for Federal or State o	office use)
	ACCEPTED FOR RECORD
APPROVED BY TITLE CONDITIONS OF APPROVAL, IF ANY:	DATE ABOUT ILD TON NEUDID
COMPLICIAL OF WILLIAM IN THE	Trn-0 1 4070
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CA CENTRAL STORE OMM