

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions re-  
verse side)

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC060825A

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.

5

10. FIELD AND POOL, OR WILDCAT

Langlie-Mattix

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA

Sec. 30-23S-37E

12. COUNTY OR PARISH

Lea

13. STATE

New Mexico

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 ☒ GAS ☐ OTHER ☐  
WELL WELL

2. NAME OF OPERATOR

Getty Oil Company

3. ADDRESS OF OPERATOR

P. O. Box 1351, Midland, Texas 79702

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.  
See also space 17 below.)  
At surface

Unit Letter A, 660' FNL & 660' FEL, Sec. 30-23S-37E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3330' DF

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 10-3/4" OD and 7" 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) D. R. Crow

SIGNED

D. R. Crow

TITLE

Lead Clerk

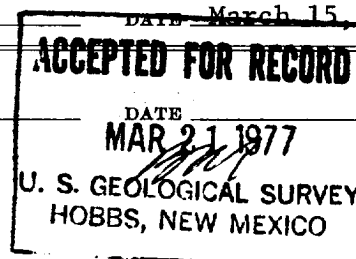
(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

\*See Instructions on Reverse Side



RECEIVED

12-2-67

RECEIVED FOR RECORD

12-2-67

12-2-67