STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

בו בארינות טות ונות		
	Ĭ	
DISTRIBUTION		
SANTA FE		
FILE		i
U.S.G.S.	1	1
LAND OFFICE		
02224502	ì	1

OIL CONSERVATION DIVISION

Form	C - 1	03	
Revi	sed	10-1	- 7

DISTRIBUTION	P. O. BO	< 2088		vised 10-1-78
SANTA FE	SANTA FE, NEW	MEXICO 87501	ine.	11324 13-1-70
FILE	O+5 - NMOCD	l - File	5a. Indicate Type of Le	ds•
U.S.G.S.	1	l - Laura Richardson	State	Fon X
LAND OFFICE	<u> </u>		5. State Oti & Gas Leas	
OPERATOR .	1 - Foreman - BI	Midland	3, 510AE OR & G45 2.4	
	11 - WIO's		-	ammin
the same time with goods for	DRY NOTICES AND REPORTS ON PROPOSALS TO GRILL OR TO DECPEN OF PLUG B			
OIL GAB WELL	otaca. Injection Well		7. Unit Agreement Name Myers Langlie	Mattix Uni
2. Name of Operator			8. Farm or Lease Hame	<i>'</i>
Getty Oil Company		*	Myers Langlie 9. Well No.	Mattix Uni
3. Address of Operator	1 274 00040		61	
P.O. Box 730 Hob	DS, NM 88240		10. Field and Pool, or	Wildcat
4. Location of Well	990 FEET FROM THE North	LINE AND 1980 FEET FROM		
UNIT LETTER		•	VIIIIIIII	UIIIIXI:
THE West LINE, SEC	TION 31 TOWNSHIP 235	HANGE 37E NMPM		
	15. Elevation (Show whether	DF, RT, GR, etc.)	Lea	
ŽIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII		Name Paper of Or	ther Data	
	k Appropriate Box To Indicate N	vature of Notice, Report of O	T REPORT OF:	
NOTICE OF	INTENTION TO:	SUBSEQUEN	I REPORT OF.	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CA	
TEMPORARILY ABANDON		CASING TEST AND CEMENT JOB	•	
PULL OR ALTER CABING	CHANGE PLANS			
Shoot or acid	ize, repair well,	OTHER		
17. Describe Proposed or Completed work) SEE RULE 1103.	to Perations (Clearly state all pertinent det	tails, and give pertinent dates, includin	g estimated date of starti	ig any proposed
1. TOH with tubi	ng and inspect for leaks.			
	ige plug and packer, test f	for casing leaks		:
Z. IIII WICH DIIO	ide brad and backer, cept i	or capiting reave.		

- Squeeze casing leaks, if necessary.
 Deepen to <u>+</u> 3770' with foam.
- 5. Acidize open hole with 15% HCL.
- 6. TIH with packer on internally coated tubing.
- 7. Return well to injection.

18. I hereby certify that the information above is true and complete	to the best of my knowledge and belief.	
the School Caprice	Area Superintendent	September 28, 1982
Dalm K. Crockett	THE PART OF THE PA	A - - - - - - -
EDD, a W Dea	OIL & GAS INSPECTOR	DATE SEP 3 1 1992