11 - WIO's
Form Approved. O+5 - USGS - P.O. Box 1857 1 - Engr. - LM, RH l - File Form 9-331 Roswell, NM 88201 1 - Foreman HC Dec. 1973 Budget Bureau No. 42-R1424 UNITED STATES 1-Laura Rich. 5. LEASE LC-032545 A DEPARTMENT OF THE INTERIOR _ 6. IF INDIAN, ALLOTTEE OR TRIBE NAME **GEOLOGICAL SURVEY** 7. UNIT AGREEMENT NAME SUNDRY NOTICES AND REPORTS ON WELLS Myers Langlie Mattix (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.) 8. FARM OR LEASE NAME Myers Lanlgie Mattix Unit oil. gas X other well well 9. WELL NO. 108 2. NAME OF OPERATOR 10. FIELD OR WILDCAT NAME Getty Oil Company Langlie - Mattix 3. ADDRESS OF OPERATOR 11. SEC., T., R., M., OR BLK. AND SURVEY OR P.O. Box 730 Hobbs, NM 88240 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 AREA Sec. 31, T23S, R37E AT SURFACE: Unit ltr. P, 660' FSL, 660' FEL 12. COUNTY OR PARISH 13. STATE AT TOP PROD. INTERVAL: Lea AT TOTAL DEPTH: 14. API NO. 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA 15. ELEVATIONS (SHOW DF, KDB, AND WD) 33**17'** DF REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (NOTE: Report results of multiple completion or zone change on Form 9-330.) PULL OR ALTER CASING MULTIPLE COMPLETE **CHANGE ZONES** ABANDON* (other) 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. TIH with 1" tubing to 3665' (swage if required). 2. Spot 10 sxs. class "C" cement 3665'-3265' (perfs at 3542'-3648'). Spot 40 sxs. class "C" cement 2800'-1200'//00 Spot 10 sxs. class "C" cement at surface. 4. Install permanent marker. This is a slim-hole completion with 2 7/8" casing. For this well, the 2 7/8" casing has been cemented to 500'. Subsurface Safety Valve: Manu. and Type Set @ _ tify that/the foregoing is true and correct TITLE Area Superintendent APPROVE DThis spade for Federal or State diffe (15) APPROVED BY Sed.) PETTIT W CHRISTER TIT CONDITIONS OF APPROVAL, IF ANY: DEC 1 0 1982 JAMES A. GILLHAM . See Instructions on Reverse Side

DISTRICT SUPERVISOR