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U.S.G.S.	
LAND OFFICE	
OPERATOR	

- JDM, Engineer - WIO'S  
 - BWI, Foreman  
 NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103  
 Supersedes Old  
 C-102 and C-103  
 Effective 1-1-65

5a. Indicate Type of Lease  
 State  Fee

5. State Oil & Gas Lease No.  
 B-1327

**SUNDRY NOTICES AND REPORTS ON WELLS**  
 (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO CLEAN OR PLUG BACK TO A DIFFERENT RESERVOIR.  
 USE "APPLICATION FOR PERMIT TO DRILL" (FORM C-101, FOR SUCH PROPOSALS.)

1.  OIL WELL  GAS WELL  OTHER- water injection well

2. Name of Operator: Getty Oil Company  
 7. Unit Agreement Name: Myers Langlie Mattix Unit

3. Address of Operator: PO Box 730 Hobbs, New Mexico 88240  
 8. Farm or Lease Name: Myers Langlie Mattix Unit

4. Location of Well  
 UNIT LETTER L 880 FEET FROM THE North LINE AND 1760 FEET FROM  
 THE West LINE, SECTION 32 TOWNSHIP 23S RANGE 37E RMPM.  
 9. Well No.: 57  
 10. Field and Pool, or Wildcat: Langlie Mattix

15. Elevation (Show whether DF, RT, GR, etc.): 3308' DF  
 12. County: Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <u>run liner</u> <input checked="" type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

- 1) Rig up pulling unit.
- 2) Install BOP, Pull tubing and packer.
- 3) TIH with bit and clean out to ±3750'.
- 4) Run CNL-FDC Log ±3750-2500'.
- 5) Run 4" liner and cement.
- 6) WOC 24 hours.
- 7) Perforate based on electric logs.
- 8) Acidize with 15% NE HCl.
- 9) Run packer and injection tubing and place back on injection.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED: Dale R. Crockett TITLE: Area Superintendent DATE: 6-18-81

APPROVED BY: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_  
 CONDITIONS OF APPROVAL, IF ANY:

JUN 20 1981