|   | $\mathbf{CDPY}  \mathbf{TO}  \mathbf{O},  \mathbf{C},  \mathbf{C},$ |
|---|---|
| 5-USGS-Hobbs 1-EB, Engr.  |   |
| Form 9-331 1-R. J. Starrak-Tuisa 1-HCL, Foreman<br>Dec. 1973 1-A. B. Cary-Midland 1-File  | Form Approved.<br>Budget Bureau No. 42–R1424                        |
| UNITED STATES 10-WIO: Attached  | FISTACE   |
| DEPARTMENT OF THE INTERIOR  | LC-065722   |
|   |   |
| GEOLOGICAL SURVEY   | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                                |
| SUNDRY NOTICES AND REPORTS ON WELLS   | 7. UNIT AGREEMENT NAME  |
| (Do not use this form for proposals to drill or to deepen or plug back to a different   | Myers Langlie Mattix Unit   |
| reservoir. Use Form 9-331-C for such proposals.)  | 8. FARM OR LEASE NAME   |
| 1. oil gas<br>well X well other   | 9. WELL NO.   |
| 2. NAME OF OPERATOR   | 117   |
| Getty Oil Company   | 10. FIELD OR WILDCAT NAME   |
| 3. ADDRESS OF OPERATOR  | Langlie Mattix  |
| P. O. Box 730, Hobbs, New Mexico 88240  | 11. SEC., T., R., M., OR BLK. AND SURVEY OR                         |
| 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17  | AREA  |
| 4. EUCATION OF WELL (REPORT EUCATION CLEARLY. See space 17 below.)  | Sec. 34, T-23-S, R-37-E   |
| AT SURFACE: Unit Ltr M, 660' FSL & 660' FML   | 12. COUNTY OR PARISH 13. STATE                                      |
| AT TOP PROD. INTERVAL:  | T   |
| AT TOTAL DEPTH:   | Lea New Mexico  |
| 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE.   | 14. API NU. HERS R. DE MARKEN                                       |
| REPORT, OR OTHER DATA   |   |
|   | 15. ELEVATIONS (SHOW DF, KDB, AND WD)                               |
| REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:  | 3272' DF  |
| TEST WATER SHUT-OFF   |   |
| FRACTURE TREAT  |   |
| SHOOT OR ACIDIZE  | - 승규는 사람이 있어 있는 것이 좋지 않아 봐야?  |
| REPAIR WELL   | (NOTE: Report results of multiple completion or zone                |
|   | change on Form 9-330.)  |
| MULTIPLE COMPLETE   | - 것 : [ 27 권 - ] 요구성학 - 역 부명관립 - 영                                  |
|   | 그럼 그는 것 이 관련하는 것 같은 것을 못했는 것?                                       |
| (other) Recement casing   | · 미 데 이 · · · · · · · · · · · · · · · · · ·                         |
|   | ्राजीती जलाहेल हा है विस्ती हैं।                                    |
| <ol> <li>DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state<br/>including estimated date of starting any proposed work. If well is di<br/>measured and true vertical depths for all markers and zones pertinen</li> </ol> | irectionally drilled, give subsurface locations and                 |
|   |   |
| 1. X-Pert Well Service rigged up 5/10/78.   |   |
| 2. Pull 3/4" rods and pump.   | · 그 아프 · · · 홍성 학교가 · · · 홍성 관계하는 · · ·                             |
| 3. Installed BOP and pulled tubing.   |   |
| 4. Set retrievable Bridge Plug at 3331' and t   | rested 7" casing to 8004 0.K  |
| 5. Welex ran Cement Bond Log on 5/11/78 and f   | Found top of cement at 2820   |
| 6. Perforated 2 holes in 7" casing at 2800' a   |   |
| down 2 7/8" tubing and out 9 5/8" casing.   | nu D.J. established circulation                                     |
| 7. $5/12/78$ - Set packer at 2589'. B.J. cemer  | atod thru 7" porfo trith 400 and                                    |
| Lite Wate, with 30.5# salt, 5% Gilsonite,   | 1/44 Collo Flores / ale and in                                      |
| 150 sxs. Class "C" cement with 2% CaCl/sk.  | Circulate 200 ave with 0 5/94                                       |
| 8. WOC - Total 70 hrs.  | . CITCUTALE 200 SXS DUL 9 J/6 .                                     |
|   |   |
| 9. On 5-15-78 Star Tool Co. drilled hard ceme   |   |
| Tested 7" casing to 1000#. O:K.<br>Subsurface Safety Valve: Manu. and Type  | (Cont'd on back) Ft.  |
| 18. I hereby certify that the foregoing is true and correct   | 그는 옷에서 물건을 가지 않는 것을 했다.   |
| SIGNED A GUIL (UGUILITHE Area Supt.   | BATE 8-15-78  |
| Dale R. Crockett  | DATE  |
| (This space for Federal or State offi   | ice use)  |
|   | reasona reasonal  |
| APPROVED BY TITLE<br>CONDITIONS OF APPROVAL, IF ANY:  | DATE  |
|   | U.U.A.  |
|   | · · · · · · · · · · · · · · · · · · ·                               |
|   |   |
| *See Instructions on Reverse S  | しいないは、CAPPE SELVer)<br>Side   |
|   | HED DE ALEMANDO E   |