

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

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

Form approved.  
Budget Bureau No. 42-R1424.

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 WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Water Injection		5. LEASE DESIGNATION AND SERIAL NO. LC-065722	
2. NAME OF OPERATOR Getty Oil Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 730, Hobbs, New Mexico 88240		7. UNIT AGREEMENT NAME Myers Langlie Mattix Unit	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  Unit Letter M, 660' FSL & 660' FWL, Sec. 34 - 23S - 37E		8. FARM OR LEASE NAME Myers Langlie Mattix Unit	
14. PERMIT NO.		9. WELL NO. 117	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3272' DF		10. FIELD AND POOL, OR WILDCAT Langlie Mattix	
		11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA Sec. 34 - 23S - 37E	
		12. COUNTY OR PARISH Lea	13. STATE New Mexico

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>
(Other) Convert to Water Injection <input checked="" type="checkbox"/>		(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

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) Rig up pulling unit.
- (2) Pull rods and pump.
- (3) Install BOP and pull tubing.
- (4) Go in hole with 6 1/4" bit and drill collars.
- (5) Rig up reverse unit.
- (6) Deepen well from 3571' to 3750' using produced water as the drilling fluid.
- (7) Run open hole logs.
- (8) Run 600' of 4 1/2" 9.5# K-55 Ruff coated liner on 2 7/8" tubing.
- (9) Use log caliper to determine volume of Class - C with 2% CaCl required.
- (10) Drill out cement.
- (11) Test liner top with 800 PSI.
- (12) Perforate Queen interval.
- (13) Acidize with 3000 gallons 15% NE HCL and ball sealers.
- (14) Run 4 1/2" tension packer on 2 3/8" coated tubing and set packer approximately 70' above perforations.

SEE ATTACHED FOR  
CONDITIONS OF APPROVAL

WFX-460

18. I hereby certify that the foregoing is true and correct

SIGNED \_\_\_\_\_ TITLE Area Superintendent DATE 6-23-78

(This space for Federal or State office use)

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

APPROVED  
AS AMENDED

AUG 1 1978

*P.O.*

\*See Instructions on Reverse Side ACTING DISTRICT ENGINEER