

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPI
(Other instructions
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

LC-060825 B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 ☐ GAS WELL ☐ OTHER

Injection Well

2. NAME OF OPERATOR

Getty Oil Company

3. ADDRESS OF OPERATOR

P.O. Box 730, Hobbs, NM 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*

See also space 17 below.)
At surface

Unit Ltr. K, 1980 FSL & 1880 FWL

7. UNIT AGREEMENT NAME

Myers Langlie Mattix Unit

8. FARM OR LEASE NAME

9. WELL NO.

85

10. FIELD AND POOL, OR WILDCAT

Langlie Mattix

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 34, T-23S, R-37E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3270' DF

12. COUNTY OR PARISH

Lea

13. STATE

NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

PULL OR ALTER CASING

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other) Convert in Injection

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

REPAIRING WELL

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other)

(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 and pull rods & tbg.
2. Install BOP and pull tbg.
3. TIH with workstring and bit and clean out to TD.
4. TOH with workstring and bit.
5. TIH with workstring and pkr to 100' above top perforation.
6. Acidize as per recommendation.
7. Swab and / or flow back load.
8. TOH with workstring and pkr.
9. TIH with injection tbg and pkr to 100' above top perf and set pkr.
10. Convert to injection.



I hereby certify that the foregoing is true and correct

SIGNED

Dale R. Crockett

TITLE Area Superintendent

DATE

April 9, 1984

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

0+6-BLM-Roswell 1-MR. J.A. Midland

1-File 1-Laura Richardson-Midland

1-Engr. RH, 1-Foreman HC

*See Instructions on Reverse Side

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

APPROVED

APR 24

ACTING DISTRICT ENGINEER

RECEIVED

APR 26 1984

O.C.D.
HOBBS OFFICE