Form 9-331
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE* (Other instructions reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.
LC-030139(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 [X] GAS WELL [ ] OTHER

7. UNIT AGREEMENT NAME
Langlie Mattix

2. NAME OF OPERATOR
Continental Oil Company

8. FARM OR LEASE NAME
Langlie Mattix Unit

3. ADDRESS OF OPERATOR
P. O. Box 460, Hobbs, NM 88240

9. WELL NO.
Formerly #1
14 (Mattix B-1 #9)

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface
660' FNL and 1980' FEL of Sec 26

10. FIELD AND POOL, OR WILDCAT
Langlie Mattix 7-Rivers Queen

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 26, T-23S, R-36E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3374' 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:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF	[ ]	PULL OR ALTER CASING	[ ]	WATER SHUT-OFF	[ ]	REPAIRING WELL	[ ]
FRACTURE TREAT	[ ]	MULTIPLE COMPLETE	[ ]	FRACTURE TREATMENT	[ ]	ALTERING CASING	[ ]
SHOOT OR ACIDIZE	[ ]	ABANDON*	[ ]	SHOOTING OR ACIDIZING	[ ]	ABANDONMENT*	[ ]
REPAIR WELL	[ ]	CHANGE PLANS	[ ]				
(Other) Convert to Inj	[X]			(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.) *

Set CIBP @ 3650' and perf w/ 1 jspf @ 3474, 80, 95, 3515, 19, 27' and 3535'. Treat perfs 3474–3535 w/ 1200 gals 15% HCL-NE acid. Run plastic lined tubing w/ packer set @ ± 3420' and place on injection.

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

SIGNED [signature] TITLE Sr. Analyst DATE 5-18-73

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

APPROVED
MAY 21 1973
ROSWELL, NEW MEXICO

*See Instructions on Reverse Side

USGS-5 FILE L. Chynn Unit (7)