

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPL. COPIES
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42 R1424.
5. LEASE DESIGNATION AND SERIAL NO.

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	6. IF INDIAN, ALLOTTEE OR TRIBE NAME NM 244
2. NAME OF OPERATOR GETTY OIL COMPANY	7. UNIT AGREEMENT NAME
3. ADDRESS OF OPERATOR P. O. BOX 730, HOBBS, NEW MEXICO 88240	8. FARM OR LEASE NAME HUGHES FED.
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit Lts. I, 2180' FSL & 660' FFL	9. WELL NO. 4
14. PERMIT NO.	10. FIELD AND POOL, OR WILDCAT LANGLIE MATTIX
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3333' GR	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 17-T-23-S, R-37-E
	12. COUNTY OR PARISH LEA
	13. STATE N.M.

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) CASING CONNECTIONS <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.) *

Riser on 8-5/8" OD and 5-1/2" OD Casing brought to surface.

Inspected by E. W. Seay, NMOCC, Hobbs, N.M. on 2-9-78.

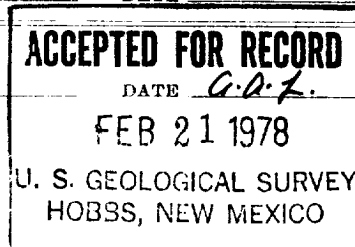
18. I hereby certify that the foregoing is true and correct

SIGNED Dale R. Crockett TITLE AREA SUPERINTENDENT DATE 2-10-78

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY:



*See Instructions on Reverse Side

RECEIVED

FEB 28 1978

OIL CONSERVATION COMM.
HOBBS, N. M.