

5-USGS-ARRESTA ✓
1-R. J. STARRAK-TULSA
1-A. B. CARY-MIDLAND
UNITED STATES

DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

1-ELB, ENGR. COPY TO C. C.
1-FILE
1-BH, FIELD CLERK

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 Form 9-331-C for such proposals.)

1. oil ☐ gas ☐ other ☒ Injection Well

2. NAME OF OPERATOR
Getty Oil Company

3. ADDRESS OF OPERATOR
P. O. Box 730, Hobbs, New Mexico 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: Unit ltr. I, 760' FEL & 1980' FSL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐

(other) ☒ Converted well to water injection

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HOBBS, NEW MEXICO

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

5. LEASE
NM 21644
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
Myers Langlie Mattix Unit
8. FARM OR LEASE NAME
Myers Langlie Mattix Unit
9. WELL NO.
32
10. FIELD OR WILDCAT NAME
Langlie Mattix
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 25, T-23S, R-36-E
12. COUNTY OR PARISH
Lea
13. STATE
NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3344' GR

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.)*

1-10-79 - Rigged up pulling unit. (Perforations at 3478-3630'). Pulled rods and tbq.

1-11-79 - Ran AD1 5 1/2" pkr.; 107 jts. (3386') 2 3/8" 8rd, J-55 Tube-koted tbq. and set in treated water at 3399'. Rigged down and moved out unit.

1-12-79 - Placed well on injection.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Dale R. Crockett TITLE Area Supt. DATE 1-23-79

(This space for Federal or State office use)

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

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