

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

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 well ☐ gas well ☐ other Water Injection Well

2. NAME OF OPERATOR  
Getty Oil Company

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

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: Unit Ltr. I, 1980' FSL & 760' FEL  
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	<input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	<input type="checkbox"/>

(other) Convert to Water Injection

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 and lay down.
3. Install BOP.
4. Pull tubing and lay down.
5. Run Baker AD-1 packer on 2 3/8" internally plastic coated tubing to approximately 3400'.
6. Displace annulus with inhibited water and set packer.
7. Place well on injection into Langlie Mattix perforations 3478-3630'.

WFX 460

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED Alvin G. Smith TITLE Area Supt. DATE 9-28-78

(This space for Federal or State office use)

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

\*See Instructions on Reverse Side

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-23-S, R-36-E	
12. COUNTY OR PARISH Lea	13. STATE NM
14. API NO.	
15. ELEVATIONS (SHOW DF, KDB, AND WD) 3344' GR	

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

