

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

1-FILE
10-WIO
1-BH

COPY TO C. C. C.
1-ELB, ENGR.
1-HCL, FOREMAN

Form Approved.
Budget Bureau No. 42-R1424

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 ☐

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.)
UNIT LTR L, 1980' FSL, & 660' FWL
AT SURFACE:
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

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

REQUEST FOR APPROVAL TO:
TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) _____

SUBSEQUENT REPORT OF:

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

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.)*

Moran Bros. spudded 12 1/4" hole at 9:30 p.m. on 8/2/78. Drilled 12 1/4" hole to 520'. Set 8 5/8" 24# K-55 casing at 508'. Dowell cemented with 200 sxs. (65-35 Poz) 6% Gel & 1/4# Flo-Cel and 2% CaCl followed with 200 sxs. Class "C" plus 1/4# Flo-Cel and 2% CaCl. 50 sxs. cement circulated. Tested casing with 1000# for 30 minutes with no drop in pressure.

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 9/1/78

(This space for Federal or State office use)

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

BH/de

*See Instructions on Reverse Side

5. LEASE LC-057420	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME _____	
7. UNIT AGREEMENT NAME Myers Langlie Mattix Unit	
8. FARM OR LEASE NAME _____	
9. WELL NO. 23	
10. FIELD OR WILDCAT NAME Langlie Mattix	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC. 28, T-23-S, R-36-E 37	
12. COUNTY OR PARISH LEA	13. STATE NEW MEXICO
14. API NO. _____	
15. ELEVATIONS (SHOW DF, KDB, AND WD) 3303 GR	

