

5-USGS-HOBBS 1-ELB, ENGR.
1-R.J. STARRAK-TU 1-HCL, FOREMAN
1-A.B. CARY-MIDLAND 10-WIO's
UNITED STATES 1-BH, FIELD CLERK

1-FILE

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 ☒ gas ☐
well well other

2. NAME OF OPERATOR

Getty Oil Company

3. ADDRESS OF OPERATOR

P. O. Box 730, Hobbs, NM

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: UNIT LTR N, 660' FSL & 1980' FWL

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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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.

48

10. FIELD OR WILDCAT NAME

Langlie Mattix

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 28, T-23-S, R-37-E

12. COUNTY OR PARISH 13. STATE

Lea

NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

3303 GL

(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.)*

Rigged up Moran Bros. 8-9-78 and spudded 12 1/4" hole @ 10:00 a.m. Drilled 12 1/4" hole to 510' and ran and set 8 5/8" OD 24# 8rd K-55 R-3 @ 497'. Halliburton cemented with 200 sxs. Lite Wate, 1/4# Flocele, 2% CaCl, and 200 sxs. Class "C" cement with 2% CaCl. 80 sxs. cement circulated. Tested csg. to 1000# O.K.

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

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

SIGNED W. T. Thomas TITLE Area Engineer DATE 10/17/78
W. T. Thomas

(This space for Federal or State office use)

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

BH/de

*See Instructions on Reverse Side

