Form 9-33
Dec. 1973

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Form Approved.
Budget Bureau No. 42–R1424

5. LEASE
NM-7729

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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.)

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Cortland Myers Unit

1. oil well ☐ gas well ☐ other

9. WELL NO.
See below

2. NAME OF OPERATOR
Saba Energy, Inc.

10. FIELD OR WILDCAT NAME
Langlie Mattix

3. ADDRESS OF OPERATOR
508 Parkwood Drive, Midland, Texas 79703

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 22, T24S, R37E

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: See below
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

12. COUNTY OR PARISH
Lea

13. STATE
New Mexico

14. API NO.

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

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

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) To change operator		☐

(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.)*

Filed to change operator from Amoco Production Company to Saba Energy, Inc. on the following wells:

Cortland Myers Unit #2, 330' FSL & 990' FEL of Sec. 22
#5, 1980' FNL & 1980' FWL of Sec. 22
#6, 1650' FSL & 1650' FEL of Sec. 22

ACCEPTED FOR RECORD

MAR 6 1986

CARLSBAD

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

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

SIGNED _____ TITLE Agent _____ DATE 7/29/85

(This space for Federal or State office use)

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

*See Instructions on Reverse Side