5-USGS-HOBBS 1-A. B. CARY-MIDLAND

Form 9-331 Dec. 1973

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

1-R. J. STARRAK-TULSA

1-JL, FOREMAN 1-BH, FIELD CLK 1-FILE

Form Approved.

1-ELB, ENGR. COPY TO O. C. C. Budget Bureau No. 42-R1424 UNITED STATES 5. LEASE DEPARTMENT OF THE INTERIOR -IC-032339 (A) MM 27722 **GEOLOGICAL SURVEY** 6. IF INDIAN, ALLOTTEE OR TRIBE NAME 7. UNIT AGREEMENT 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.) Myers Langlie Mattix Unit 8. FARM OR LEASE NAME Myers Langlie Mattix Unit oil gas Ш well well other Water Injection 9. WELL NO. 2. NAME OF OPERATOR 152 Getty Oil Company 10. FIELD OR WILDCAT NAME 3. ADDRESS OF OPERATOR Langlie Mattix P. O. Box 730, Hobbs, NM 88240 11. SEC., T., R., M., OR BLK. AND SURVEY OR 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 AREA Sec. 3, T-24S, R-37E AT SURFACE: Unit Ltr. G, 1974' FNL & 1984' FEL 12. COUNTY OR PARISH 13. STATE AT TOP PROD. INTERVAL: Lea New Mexico AT TOTAL DEPTH: 14. API NO. 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA 15. ELEVATIONS (SHOW DF, KDB, AND WD) 3255' DF REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (NOTE: Report results of multiple completion or zone PULL OR ALTER CASING change on Form 9-330.) MULTIPLE COMPLETE CHANGE ZONES ABANDON\* Shut In (other) 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.)\* The well is equipped for injection, but waiting on execution of a Lease Line Injection Agreement with offset operators. UUT 19 **1979** This approval of temporary abandonment expires\_ U. S. GEOLOGICAL SURVEY HOBBS, NEW MEXICO Subsurface Safety Valve: Manu. and Type ... Set @ \_ Ft. 18. I hereby certify that the foregoing is true and correct Area Superintendent SIGNED TITLE (This space for Federal or State W. S. GEOLOGICAL SU

\*See Instructions on Reverse Sid

HOBBS, NEW MEXICO