

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL
(Other instructions
verse side)

Form approved
Budget Bureau No. 1004-0135
Expires August 31, 1985

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 "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL ☐ GAS WELL ☐ OTHER ☒ Injection well

2. NAME OF OPERATOR

3. ADDRESS OF OPERATOR

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

330 FSL & 330 FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3259' DF

5. LEASE DESIGNATION AND SERIAL NO.
NM-7488

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Myers Langlie Mattix Unit

8. FARM OR LEASE NAME

9. WELL NO.

181

10. FIELD AND POOL, OR WILDCAT

Langlie Mattix

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

Sec 4, T24S, R37E

12. COUNTY OR PARISH 13. STATE

Lea

NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PCCL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

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. Backflow well to remove sediment.

2. Rig up pulling unit and install BOP.

3. Release pkr and TOH with injection tbq and pkr.

4. TIH with workstring and bit and clean out to PBTD.

5. TOH with workstring and bit.

6. TIH with workstring and pkr to below bottom perf and spot 15% HCL across perforations.

7. Raise pkr to $\pm 100'$ above top perf.

8. Pump 2 Bbls KCL down backside to insure no acid left above pkr.

9. Set pkr.

10. By Halliburton treat Langlie Mattix perforations using 21,000 gallons of Pur-Gel
30 with 20/40 sand concentrations as follows:

Pur Gel 30 (gal)	Sand Concentration (ppg)
4000	0
4000	1
4000	2
4000	3
5000	4

Do not use fluid loss additives. Use one gallon Lo Surf 259 per 1000 gal of gel.

11. Shut well in overnight.

12. Swab and/or flow back load.

13. TOH with workstring and pkr and return to injection.

14. Monitor rates and pressures.

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

SIGNED

Dale R. Crockett

TITLE Area Superintendent

DATE 6/13/84

(This space for Federal or State office use)

APPROVED BY

R. P. Pritchard

TITLE P. E.

DATE 7/6/84

CONDITIONS OF APPROVAL, IF ANY:

0+6-BLM-Carlsbad

1-File 1-Engr RH

1-Foreman HC 1-Mr. J.A.-Midland

*See Instructions on Reverse Side

RECEIVED

JUL 10 1984

O.C.D.
HOBBS OFFICE

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 ☐ Injector

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.)

AT SURFACE: Unit Ltr , 330' FSL & 330' 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:

SUBSEQUENT REPORT OF:

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

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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.)*

12/19/83 TD 3715', PBTD 3671', 4 1/2" liner @ 3148-3715', perfs 3474-3644 (15 holes).
Rig up.
12/20/83 Tried to unseat pkr. Hanging up. Went down hole 60'. Hung up. Worked 2 hours, got loose. Pulled up above 4" liner @ 3148'.
12/21/83 Pull tbg & pkr, ran 3 1/4" bit, ran to 600'.
12/22/83 Ran 3 1/4" bit, tag @ 3673', PB 3670', pull 3000'.
12/23/83 Pull bit, ran "R" pkr 2 3/8" & 2 7/8" tbg. Set @ 3367'. BJ treated perfs 3474-3644', 15 holes, 3000 gals 15% 55 gal checksol & 28 balls, max 4760#, min 1420#, rate 3.5 BPM, ISIP 1100#, 15 min 800#, swab 1 hour, rec 32 bbls, pull tbg & pkr.
12/26/83 Ran 110 jts 2 3/8" ICP Salta lined tbg circ. treated wtr @ 3404'. Set pkr @ 3405'. Rig down. Move out.

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

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

SIGNED [Signature] TITLE Area Superintendent DATE December 28, 1983

ACCEPTED FOR RECORD

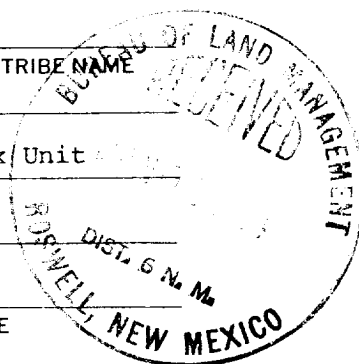
(This space for Federal or State office use)

APPROVED BY [Signature] TITLE _____ DATE _____
CONDITIONS OF APPROVAL IF ANY

MAY 8 1984

[Signature]

NEW MEXICO • See Instructions on Reverse Side



RECEIVED
MAY 10 1984
O.C.D.
HOBBS OFFICE