

0+6-BLM-Roswell, 1-File, 1-Engr RH, 1-Foreman HC, 1-Mr. J.A.-Midland, 1-Laura Richardson-Mid.

Form 9-331  
Dec. 1973

Form Approved.  
Budget Bureau No. 42-R1424

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 ☐ gas ☐ other ☒ Injector  
well well

2. NAME OF OPERATOR  
Getty Oil Company

3. ADDRESS OF OPERATOR  
P.O. Box 730, Hobbs, NM 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 <input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE <input checked="" type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE <input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES <input type="checkbox"/>	<input type="checkbox"/>
ABANDON* <input type="checkbox"/>	<input type="checkbox"/>
(other) <input type="checkbox"/>	<input type="checkbox"/>

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent data including estimated date of starting any proposed work. If well is directionally drilled, give subsurface location and measured and true vertical depths for all markers and zones pertinent to this work.)\*

Flow well back to pit or vacuum truck to remove dediment.

1. Rig up pulling unit and install BOP.
2. Release pkr. and pull tbq. and pkr.
3. TIH with workstring and bit and clean out to PBTD.
4. POH with workstring and bit.
5. TIH w/ workstring and pkr. and set pkr. a maximum of 100' above perms.
6. Acidize perms using 100 gallons of 15% NEFE HCL per net foot plus 3-5% Checksol as per recommendation.
7. Swab and/or flow back load.
8. TOH with workstring and pkr.
9. TIH with injection tbq. and pkr. and return to injection.
10. Monitor rates and pressures and run step rate test.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED D.R. Crockett TITLE Area Superintendent DATE October 24, 1983

RH APPROVED (This space for Federal or State office use)

APPROVED BY (Orig. Sgd.) PETER W. CHESTER

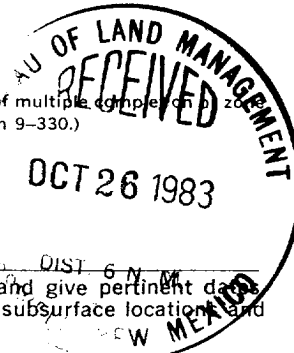
CONDITIONS OF APPROVAL, IF ANY: \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

DEC 9 1983

SUBJECT TO \_\_\_\_\_  
APPROVAL BY STATE

5. LEASE <del>LC-022450-2</del> NM-7458	
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 OR WILDCAT NAME Langlie Mattix	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 4, T-24S, R-37E	
12. COUNTY OR PARISH Lea	13. STATE NM
14. API NO.	
15. ELEVATIONS (SHOW DF, KDB, AND WD) 3259' DF	

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



RECEIVED

DEC 12 1983

HOA