

## N. M. OIL CONS. COMMISSION

UNITED STATES P. O. BOX 1980

DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

Approved.

Set Bureau No. 42-R1424

## 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 ☐2. NAME OF OPERATOR  
Getty Oil Company3. ADDRESS OF OPERATOR  
P.O. Box 730 Hobbs, NM 882404. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) Unit ltr. P, 660 FSL & FEL  
AT SURFACE: Sec. 6, T24, R37  
AT TOP PROD. INTERVAL: Lea County, NM  
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:

☐  
☐  
☐  
☐  
☐  
☐  
☐  
☐5. BASE  
M-7488

6. INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Myers Langlie Mattix Unit

8. FARM OR LEASE NAME

9. WELL NO.

176

10. FIELD OR WILDCAT NAME

Langlie Mattix

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

Sec. 6, T24S, R37E

12. COUNTY OR PARISH 13. STATE

Lea

NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)  
DF = 3319'

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

7. 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. Rig up pulling unit and pull rods and pump.
2. Install BOP and pull tubing.
3. TIH with workstring and bit and clean out to TD.
4. TIH with workstring packer and RBP and test for csg. leaks.
5. Set pkr above and BP below leak and squeeze as per recommendation.
6. WOC 24 hours.
7. Drill out cement to BP and test squeeze to 500#.
8. TIH w/retrieving tool and TOH with RBP.
9. TIH w/production tbg., rods and pump and return to production.

Subsurface Safety Valve: Manu. and Type

Set @ Ft.

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

SIGNED Dale R. Crockett TITLE Area Superintendent DATE September 7, 1983

APPROVED

(This space for Federal or State office use)

PROVED BY (Orig. Sgd.) PETER W. CHESTER TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

SEP 27 1983

\*See Instructions on Reverse Side