

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
NEW MEXICO 88240

SUBMIT IN TRIP
(Other Instruction
reverse 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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME Myers Langlie Mattix Unit
2. NAME OF OPERATOR Getty Oil Company	8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR P.O. Box 730, Hobbs, N.M. 88240	9. WELL NO. 215
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit Ltr F, 1980' FNL and 1980' FWL	10. FIELD AND POOL, OR WILDCAT Langlie Mattix
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 8, T24S, R37E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3298' = DF	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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>
(Other) DEEPEN AND STIMULATE <input type="checkbox"/>		(NOTE: Report results of multiple completion or 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. Rig up Pulling Unit and pull rods and pump from 3536'.
2. Install BOP and pull 2 7/8" tbg from 3551'.
3. TIH with workstring and bit and clean out 7" csg. and 6 1/8" OH to TD (3560'). Deepen OH with 6 1/8" bit to 3645'.
4. TOH with workstring and bit.
5. Run OH CNL-GR-caliper log from TD to 3300'.
6. TIH with workstring and 7" pkr. to \pm 3310' and set pkr.
7. Acidize Langlie Mattix interval using 100 gallons of 15% NEFE HCL per net ft. Use rock salt for diversion.
8. Swab and/or flow back load.
9. Fracture treat Langlie Mattix interval using a 50/50 mixture of 30# x-linked gel and CO₂. Use 12-20 sand. Volumes to be determined as per CNL-GR log.
10. Flow and swab back load gradually.
11. TOH with workstring and pkr.
12. TIH with workstring and bit and clean out well to TD.
13. TOH with tools.
14. TIH with production tbg. rod and pump to 3500' and return to production.
15. After well cleans up, lower pump to 3600' and return to production.

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

SIGNED Dale R. Crockett
(This space for Federal or State office use)

TITLE Area Superintendent
DATE APR 27 1984
ACTING DISTRICT ENGINEER

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____

0+6-BLM-Roswell 1-Engr. RH 1-File
1-Midland- 1-Foreman HC

*See Instructions on Reverse Side

APR 30 1984
O.C.D.
HOBBS OFFICE