Form 9-331
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE (Other instructions on reverse side)

Form approved.
Budget 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 "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL [ ] GAS WELL [ ] OTHER Water Injection Well

2. NAME OF OPERATOR
Getty Oil Company

3. ADDRESS OF OPERATOR
P. O. Box 1351, Midland, Texas 79702

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface
Unit Letter C, 660' FNL & 1980' FWL, Sec. 8-24S-37E

5. LEASE DESIGNATION AND SERIAL NO.
NM-0321613

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
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7. UNIT AGREEMENT NAME
Myers Langlie-Mattix Unit

8. FARM OR LEASE NAME
Myers Langlie-Mattix Unit

9. WELL NO.
200

10. FIELD AND POOL, OR WILDCAT
Langlie-Mattix

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 8-24S-37E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3298' DF

12. COUNTY OR PARISH
Lea

13. STATE
New Mexico

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

| NOTICE OF INTENTION TO: | | | | SUBSEQUENT REPORT OF: | | | |
|---|---|---|---|---|---|---|---|
| TEST WATER SHUT-OFF | [ ] | PULL OR ALTER CASING | [ ] | WATER SHUT-OFF | [ ] | REPAIRING WELL | [ ] |
| FRACTURE TREAT | [ ] | MULTIPLE COMPLETE | [ ] | FRACTURE TREATMENT | [ ] | ALTERING CASING | [ ] |
| SHOOT OR ACIDIZE | [ ] | ABANDON* | [ ] | SHOOTING OR ACIDIZING | [ ] | ABANDONMENT* | [ ] |
| REPAIR WELL | [ ] | CHANGE PLANS | [ ] | (Other) Casing Connections | | | [X] |
| (Other) | | | [ ] | (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.)*

Riser on 8 5/8" OD and 5 1/2" OD casing brought to surface.

Inspected by L. A. Clements on February 15, 1977.

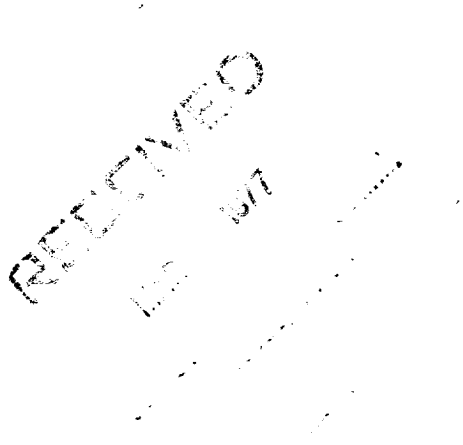
18. I hereby certify that the foregoing is true and correct
SIGNED D. R. Crow D. R. Crow TITLE Lead Clerk DATE March 2, 1977

(This space for Federal or State office use)

APPROVED BY ... TITLE ... DATE ...
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD
MAR 1 1977
U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

*See Instructions on Reverse Side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