5-USGS-HOBBS 1-A.B. CARY-MID	IT ANIF								
Form 9-331		IINI <sup>77</sup> ) STAT	EC CUAY	100.00		!			
(May 1963)  UNI O STATES  SUBMIT IN TRIPL:  DEPARTMENT OF THE INTERIOR (Other instructions reresed)					re-	Budget Bureau No. 42-R1424			
1-FILE	1_FILE						5. LEASE DESIGNATION AND SERIAL NO.		
GEOLOGICAL SURVEY						LC-0323			
SUND	RY NOTI	ICES AND REF	PORTS ON	4 WELLS		6. IF INDIAN, ALL	OTTEE OR TEIBE N	SYA	
(Do not use this fo	rm for propos Use "APPLICA	als to drill or to deep	en or plug back	to a different reservoir.	.				
1.			Tor sach prope	east)		·	<u> </u>		
WELL GAS WELL	OTHER	1/3 mmn - <b>T</b>				7. UNIT ASREEME.			
2. NAME OF OPERATOR WATER INJECTION							GLIE MATTI	rinu x	
GETTY OIL COMPA	NY.					S. PARM OR LEAS:	S NAME		
3. ADDRESS OF OPERATOR						9. WELL NO.			
P. O. BOX 730, HOBBS, NEW MEXICO 88240						LANGLIE M	አመመፒያ		
4. LOCATION OF WELL (Rep See also space 17 below.	ort location cl	early and in accordance	e with any Sta	te requirements.*		10. FIELD AND PO			
At surface						SEC.10-24S-37E			
660' FSL & 1980' FEL						11. SEC., T., R., M., OR BLE. AND			
SECTION 10						SURVEY OR	ABEA		
						\$ <del>\$</del>	4		
14. PERMIT NO.		15. ELEVATIONS (Show	whether DF, RT,	GR, etc.)		12. COUNTY OR PA	RISH 13. STATE		
<del></del>		3250	D.F.			LEA	N.MEX.		
16.	Check An	propriete Box To L	ndicata NL-1	re of Notice, Report		1 5	1	<del></del>	
Not	ICE OF INTENT					- 3			
		10A 10.		S	UBSEQUE	NT REPORT OF:			
TEST WATER SHUT-OFF		ULL OR ALTER CASING		FATER SHUT-OFF		REPAIRI	NG WELL		
FRACTURE TREAT		ULTIPLE COMPLETE		FRACTURE TREATMENT		ALTERIN	G CASING		
SHOOT OR ACIDIZE		BANDON*		SHOOTING OR ACIDIZIN		ABANDO:			
(Other)		HANGE PLANS		(Other) CONT		O WATER-IN			
17 DESCRIBE PROPOSES OF CO	UPIETER ARER	Imrova (Olesa)		Completion or R tails, and give pertinent and measured and true	ecomplet:	multiple complet ion Report and Lo	g form.)		
AD-1 Tension Page			262	NIW 8			And the property of the proper		
					7. 3. G	ENVENTO			
S. I hereby certify than the	foregoing is tr	rue and correct					•	_	
signed DALE CRO	CKETT	and TIT	LE AREA	SUPERINTENDENT	Г	DATE 10	-14-77		
(This space for Federal o		use)				_		_	
ADDDONAD DA						/ Ng	· -		
APPROVED BYCONDITIONS OF APPRO	VAL, IF ANY	TIT	I.E	rns	FBFFA	DATE			
	,			ACCEPTED FOR	n .	2A			
WLG/bh				/ ACCET	1911	-10VS\			
• · · <del>- ·</del>		*C1	innete	173000	' · (2	PRIET !			
		See Inst	ructions on h	Reverse Side 1011 1 P	GICAL OF	EXICO			
				"OBBOL					

