

1-R. J. STARRAK-TULSA
1-A. B. CARY-MIDI)
1-JDM, ENGR.

1-JL, FOREMAN
1-FILE

COPY TO O. C.

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 ☐
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: Ltr. 12, 760' FNL & 2080 FEL
AT TOP PROD. INTERVAL:
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:

☐
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RECEIVED

JAN 8 1980

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

5. LEASE
NM-7488

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
Myers Langlie Mattix Unit

8. FARM OR LEASE NAME

9. WELL NO.
135

10. FIELD OR WILDCAT NAME
Langlie Mattix

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

Sec. 6, T-24S, R-37E

12. COUNTY OR PARISH
Lea

13. STATE
NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3315' GL

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

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.
2. Pull rods and pump. Install BOP. Pull tubing.
3. GIH with 5 1/2" Model "R" packer. Set at 3400'.
4. Fracture treat using 3000 gals. 15% NE acid, 30,000 gals. crosslinked frac fluid, 34,500# 20/40 sand, 3000# 10/20 sand, and 9,000# 100 mesh sand, tagging each stage with radioactive material and diverting with rock salt. Treat in 3 stages.
5. Shut in overnight.
6. POH with packer, run tubing, rods, and pump. 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 Supt. DATE 1-7-80

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

APPROVED

JAN 11 1980
A. J. S.
ACTING DISTRICT ENGINEER