

Form 9-331
Dec. 1973

5-USGS-HOBBS 1-BH, FIELD CLERK 1-FILE
1-R. J. STARRAK-TULSA 1-ELB, ENGINEER
1-A. B. CARY-MIDLAND 1-HCL, FOREMAN
UNITED STATES 10-WIO-LIST ATTACHED

COPY TO O. C. C.

Form Approved.
Budget Bureau No. 42-R1424

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 well ☒ gas well ☐ other

2. NAME OF OPERATOR

Getty Oil Company

3. ADDRESS OF OPERATOR

P. O. Box 730, Hobbs, New Mexico 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: UNIT LTR B, 760' FNL AND 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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5. LEASE

M-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-24-S, R-37-E

12. COUNTY OR PARISH

Lea

13. STATE

New Mexico

14. API NO.

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

(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.)*

Drilled 7 7/8" hole to 3813' and set 97 jts. (3804') of 5 1/2" OD 15.5# K-55 casing at 3813' on 7-26-78. Halliburton cemented with 750 sxs. Lite Water cement, 15# salt, 1/4# Flocele, 2% CaCl; 200 sxs. Class "C" cement, 9# salt, 2% CaCl. 125 sxs. cement circulated. Tested casing with 1000# for 30 min. with no drop in pressure.

Subsurface Safety Valve: Manu. and Type

Set @ Ft.

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

SIGNED

Dale R. Crockett
Dale R. Crockett

TITLE

Area Supt.

DATE

8-21-78

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

BH/de

*See Instructions on Reverse Side

