

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, New Mexico 88240	9. WELL NO. 188
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface UNIT LETTER P, 660' FSL AND 660' FEL	10. FIELD AND POOL, OR WILDCAT Langlie Mattix
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC. 3, T-24-S, R-37-E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3209' GR	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:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON\*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

(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.)\*

Morar. Bros. Drilg. Co. spudded 12 1/4" hole @ 9:00 p.m. on 8-15-78. Drilled 12 1/4" hole to 515'. Set 8 5/8" 24# casing at 507'. B. J. cemented with 200 sxs. Lite Wate, 1/4# Flo-Cel, 2% CaCl; 200 sxs. Class "C" Cement with 2% CaCl. 100 sxs. cement circulated. Tested casing with 1000# for 30 minutes with no drop in pressure.

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

SIGNED

Dale R. Crockett

TITLE

Area Superintendent

DATE

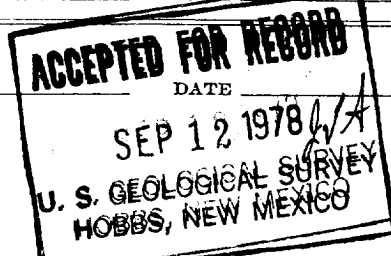
9-11-78

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:



\*See Instructions on Reverse Side

BH/de