

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

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NEW MEXICO OIL CONSERVATION COMMISSION
3-NMOC-D-Hobbs 1-MLMU-BWI
1-W.A. Frnka-Tulsa 9-W10's
1-R.W. Blohm-Midland
1-JDM-Engr.
1-File

5a. Indicate Type of Lease State ☐ Fee ☒
5. State Oil & Gas Lease No. --
7. Unit Agreement Name Myers Langlie Mattix Unit
8. Farm or Lease Name Myers Langlie Mattix Unit
9. Well No. 234
10. Field and Pool, or Wildcat Langlie Mattix
12. County Lea

SUNDRY NOTICES AND REPORTS ON WELLS
DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO CEMENT OR PLUG BACK TO A DIFFERENT RESERVOIR.
SEE APPLICATION FOR PERMIT BY ORDER C-101 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, NM 88240

4. Location of Well
UNIT LETTER L 1980 FEET FROM THE South LINE AND 760 FEET FROM
THE West LINE, SECTION 8 TOWNSHIP 24S RANGE 37E N.M.P.M.

15. Elevation (Show whether DF, RT, GR, etc.)
3303' G.L.

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

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	COMMENCE DRILLING OPNS. ☐
PULL OR ALTER CASING ☐	CASING TEST AND CEMENT JOB ☒
OTHER ☐	OTHER ☐
PLUG AND ABANDON ☐	ALTERING CASING ☐
CHANGE PLANS ☐	PLUG AND ABANDONMENT ☐

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

10/26/80 Drilled 7 7/8" hole to 1060'. Ran 12 jts. (505') 8 5/8" 24#, K-55, R-3, "A", Casing and set at 517'. B.J. cemented w/175 sxs. Lite, w/1/4# Flocele, 2% CaCl, and 175 sxs. Class "C" cement w/2% CaCl. Total cement - 250 sxs. Circulated 120 sxs. of cement.

10/27/80 Waited on cement 18 hrs. Pressured up on casing to 1200#. OK.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED Dale R. Crockett TITLE Area Superintendent DATE 10/31/80

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: