

Form 9-331
Dec. 1973Form Approved.
Budget Bureau No. 42-R1424UNITED 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 ☐ well gas ☐ well other ☐ Injector2. NAME OF OPERATOR
Getty Oil Company3. ADDRESS OF OPERATOR
P.O. Box 730, Hobbs, NM 88240

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

AT SURFACE: Unit Ltr. K, 1980' FWL & 1980 FSL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☒REPAIR WELL ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐CHANGE ZONES ☐ABANDON* ☐

(other) _____

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, 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.)*

Flow well back to pit or vacuum truck to remove sediment.

1. Rig up pulling unit and install BOP.
2. Release pkr. and pull tbq. and pkr.
3. TIH with workstring and bit and clean out to PBTD.
4. POH with workstring and bit.
5. TIH w/workstring and pkr. and set pkr. a maximum of 100' above perfs.
6. Acidize perfs using 100 gallons of 15% NEFE HCL per net foot plus 3-5% Checkersol as per recommendation.
7. Swab and/or flow back load.
8. TOH with workstring and pkr.
9. TIH with injection tbq. and pkr. and return to injection.
10. Monitor rates and pressures and run step rate test.

Subsurface Safety Valve: Manu. and Type _____

Set @ _____ Ft.

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

SIGNED Date R. Crockett TITLE Area Superintendent DATE October 24, 1983

APPROVED

(This space for Federal or State office use)

APPROVED BY (Orig. Sgd.) PETER W. CHESTNUT TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

DEC 9 1983

*See Instructions on Reverse Side

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.

165

10. FIELD OR WILDCAT NAME

Langlie Mattix

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

Sec 4, T-24S, R-37E

12. COUNTY OR PARISH

Lea

13. STATE

NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3281' GL

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

OCT 26 1983

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NEW MEXICO