

Form 9-331
Dec. 1973

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 well gas well other Injector

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: Unit Ltr. 0, 660 ⁵FWL & 1980 FEL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

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

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.
183

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)
3284' GL

REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

PULL OR ALTER CASING

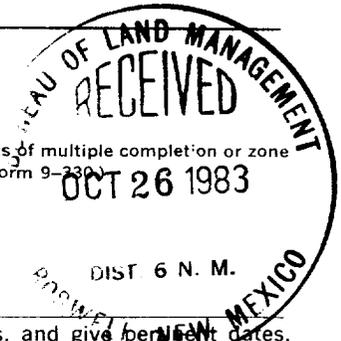
MULTIPLE COMPLETE

CHANGE ZONES

ABANDON*

(other)

(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.)*

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

1. Rig up pulling unit and install BOP.
2. Release pkr. and pull tbg. and pkr.
3. TIH with workstring and bit and clean out to PBTB.
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 tbg. 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 Dale R. Crockett TITLE Area Superintendent DATE October 24, 1983

APPROVED (Original) PETER W. CHESTER TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

DEC 9 1983

SUBJECT TO LIKE APPROVAL BY STATE

RECEIVED

DEC 12 1983

C. G. P.
ADDRESS SERVICE