N. M. OIL CONS. COMMISSION P. O. BOX 1980 HOBBS, NEW MEXICO 88240

Form Approved. Form 9-331 Budget Bureau No. 42-R1424 Dec. 1973 UNITED STATES 5. LEASE 0+5-MMS-Roswell NM-7488 DEPARTMENT OF THE INTERIOR 1-File 6. IF INDIAN, ALLOTTEE OR TRIBE NAME GEOLOGICAL SURVEY 1-Engr. JDM 1-JA l-Foreman BI I-Laura 7. UNIT AGREEMENT NAME SUNDRY NOTICES AND REPORTS ON WELLS Myers Langlie Mattix Unit Midland
(Do not use this form for proposals to drill of to deeper or proposals)
reservoir. Use Form 9-331-C for such proposals. 8. FARM OR LEASE NAME 2.5 9. WELL NO. \mathbb{K} other well well 182 2. NAME OF OPERATOR 10. FIELD OR WILDCAT NAME Getty Oil Company Langlie Mattix U.S. GEOLOGICAL SURVEY 3. ADDRESS OF OPERATOR 11. SEC., T., R., M., OR BLK. AND SURVEY OR P.O. Box 730, Hobbs, New Mexico 1882460 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 Sec. 4, T-24S, R-37E AT SURFACE: Unit Ltr. N, 660' FSL & 1980' FWL 12. COUNTY OR PARISH 13. STATE NM Lea 그 등 등 등 3 AT TOP PROD. INTERVAL: Ta/b 14. API NO. AT TOTAL DEPTH: 5 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, 15. ELEVATIONS (SHOW 3266.4 GR DF, KDB, AND WD) REPORT, OR OTHER DATA 3253 SUBSEQUENT REPORT OF: REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF abeta (Goral) (Goral) (Goral) FRACTURE TREAT SHOOT OR ACIDIZE (NOTE: Report results of multiple completion or zone REPAIR WELL speitsted logs.
The number the nu change on Form 9-330.) PULL OR ALTER CASING 53-3 MULTIPLE COMPLETE CHANGE ZONES ABANDON* Casing Connection (other) 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.)* urface. 4 2 2 S 5 1/2" OD 8 5/8" OD casing brought to surface. Riser on casing brought to surface. and Riser on casing brought to surface. and Riser on 90.00 20.00 Inspected by Ron Castleberry on 温りずみ数 \$ 3 Inspected by Nathan E. Clegg on 医副毒血管 Inspected by Tony Plattsmier on 苦ち号 9/28/82 Inspected by E.W. Seay on Inspected by Otto Wink on 문파트릭린 Set @ Subsurface Safety Valve: Manu. and Type ___ 50 18. I hereby cartify that the foregoing is true and correct TITLE Area Superintendemuts September 29, 1982 ACCEPTED FOR RECORPTHIS space for Federal or State office use) DATE PETER W. CHESTER TITU APPROVED BY 2 met CONDITIONS OF APPROVAL, IF ANY: condition of the problem of the prob SEP 29 1983

OCT 3 1983
HOBAS OFFICE