

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions  
reverse side)

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.  
~~LC 030139~~ **NM 21644**

6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
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**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 <b>Myers Langlie-Mattix Unit</b>	
2. NAME OF OPERATOR <b>Skelly Oil Company</b>		8. FARM OR LEASE NAME <b>Myers Langlie-Mattix Unit</b>	
3. ADDRESS OF OPERATOR <b>P. O. Box 1351, Midland, Texas 79701</b>		9. WELL NO. <b>38</b>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <b>Unit Letter P, 660' FSL &amp; 660' FEL, Sec. 25-23S-36E</b>		10. FIELD AND POOL, OR WILDCAT <b>Langlie-Mattix</b>	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>Sec. 25-23S-36E</b>	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>3340' DF</b>	12. COUNTY OR PARISH <b>Lea</b>	13. STATE <b>New Mexico</b>

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Shut Down</u> <input checked="" type="checkbox"/>	

(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.)\*

This well was shut down at an unknown date by the former operator as being uneconomical to operate. The well was taken into the Myers Langlie-Mattix Unit 2-1-74 as a shut down well. Present plans are to place the well under waterflood operations in the last quarter of 1974 or in 1975.

18. I hereby certify that the foregoing is true and correct  
(Signed) J. R. Avent J. R. Avent TITLE Dist. Admin. Coordinator DATE 10-23-74  
SIGNED  
(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

**APPROVED**  
OCT 29 1974  
*Jim Sims*  
JIM SIMS  
ACTING DISTRICT ENGINEER