

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on  
reverse side)

Form approved,  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM-0349952

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Water Injection		7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Skelly Oil Company		8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR P. O. Box 1351, Midland, Texas 79701		9. WELL NO.
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 990- FNL and 2310' FEL Sec. 19-24S-38E		10. FIELD AND POOL, OR WILDCAT
14. PERMIT NO.		11. SEC., T., E., M., OR BLE. AND SURVEY OR AREA
15. ELEVATIONS (Show whether DF, RT, CR, etc.) 3181' DF		12. COUNTY OR PARISH
		13. STATE

Dollarhide Drinkard Unit

West Dollarhide Drinkard Unit

1

Dollarhide Tubb-Drinkard

19-24S-38E

Lea

New Mexico

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) Perf. and acidize additional pay <input checked="" type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input 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.)\*

To permit proper flooding of the Main Drinkard, we propose opening additional pay in the Main Drinkard as follows:

- 1) Check for fill inside 5-1/2" OD casing with wireline.
- 2) Perforate 5-1/2" OD casing 6734-6758', 6760-6768', 6772-6775', and 6786-6792' with 2 holes per foot.
- 3) Acidize perms. 6666-6792' with 6000 gals. 15% DS-30 acid in 4 stages using rock salt as a diverting agent.
- 4) Resume injection.
- 5) After approximately 2 weeks of stabilized injection, run injection profile.

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

SIGNED D. R. Crow TITLE Lead Clerk DATE Dec. 4, 1972

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side