Capay to SF

| Form 9-331<br>(May 1963)   | Į  | INITED STATES  | · · ·  | SUBMIT IN TRIPLIC.                         |  |  | 1 No. 42-R1424.                                |  |
|--|--|--|--|--|--|--|--|--|
| (May 1000)   | DEPARTMENT OF THE INTERIOR (Other instructions on the GEOLOGICAL SURVEY            |  |  |  | 5. LEASE DESIGNATION AND SERIAL NO.  LC-029419 (A) |  |  |  |
| SUI  | UDRY NOTI  | CES AND REPO   | RTS ON   | WELLS o a different reservoir.             |  | 6. IF INDIAN, ALLOTTEE   | OR TRIBE NAME                                  |  |
| 1.   |  |  |  |  |  | 7. UNIT AGREEMENT NAME Skelly Unit   |  |  |
| 2. NAME OF OPERATOR Skelly 011 Co  | ,  |  |  | - <del> </del>                             |  | FARM OR LEASE NAM Skelly Unit  | E  |  |
| 3. ADDRESS OF OPERAT   | OR   | 70703  |  | DEC 4 19                                   | 74   | 9. WELL NO. 54   |  |  |
| See also space 17 b<br>At surface  | (Report location cl<br>elow.)  | Texas 79701 early and in accordance v  |  | ARTESIA, OFF                               | ICE  | Grayburg-Jac<br>Fren Seven R<br>11. SEC., T., B., M., OR B<br>SURVEY OR AREA | kson &<br>ivers                                |  |
| omic notice  | ,  |  |  |  |  | Sec. 22-17S-   |  |  |
| 14. PERMIT NO.   |  | 15. ELEVATIONS (Show w   | 3828 DE  |  |  | 12. COUNTY OR PARISH   | New Menic                                      |  |
| 10   | CL   A.  | propriate Box To Ind   |  |  | or O   |  | <u>,                                      </u> |  |
| 16.  | NOTICE OF INTEN  |  |  |  |  | ENT REPORT OF:   |  |  |
|  | [  | PULL OR ALTER CASING   | 7  | WATER SHUT-OFF                             |  | REPAIRING V  | WELL   |  |
| TEST WATER SHUT  |  | MULTIPLE COMPLETE  | -  | FRACTURE TREATMENT                         | r  | ALTERING C.  | ASING  |  |
| SHOOT OR ACIDIZE   | <del></del>  | ABANDON*   |  | SHOOTING OR ACIDIZIN                       | NG   | ABANDONME  |  |  |
| REPAIR WELL  |  | CHANGE PLANS   | _  | Recompleted as                             | wagnite .  | of multiple completion   | on well  |  |
| (Other)  (Note: Report results of many completion of Recompletion Report and Log form.)  (Other)  (Other)  (Note: Report results of many completion of Recompletion Report and Log form.)  (Other)  (Other)  (Note: Report results of many completion Report and Log form.)  (Other)  (Oth |  |  |  |  |  |  | o of starting any                              |  |
| 2) Perforat and 2294 3) Treated 4) Set 98 j Set 63 j 5) Commence   | ed 7" 0D ca ' (Total 5 Seven River oints (2989 oints (1962 d injecting r day at 13 | g 10-30-74. Pu<br>sing with one 0<br>shots).<br>s perfs. 2231-2<br>') 2-3/8" OD Sa<br>') 2-3/8" OD Sa<br>11-19-74 throu<br>00# pressure an<br>at 1350# press | .43" dia<br>294' wit<br>1ta-line<br>1ta-line<br>gh Seven<br>d Graybu | h 750 gallons d tubing with d tubing in pa | 15% a packer cker                                  | ncid and 12 ba<br>ers at 2987' a<br>at 1965'.<br>1-2294' with 1              | 11 sealers. nd 1965'. 80 bbls.                 |  |
|  |  |  |  |  | Part Contract                                      |  | (i)<br>(igi)                                   |  |
| 18. I hereby certify   | that the foregoing   | is true and correct  |  |  |  | 13(  | 25_7/  |  |
| signed gred)   | J. P. Aven   | R. Avent TI  | rle Dist   | . Admin. Coord                             | inato  | r DATE 11-2  | 23-14  |  |
|  | Federal or State o   |  |  |  |  | DATE   |  |  |
| APPROVER RY<br>FONDITIONS OF   | F APPROVAL IF  | ANY:   | structions o   | on Reverse Side                            |  | DALB   |  |  |