

Form 9-331
(May 1963)UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on reverse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-029420 (b)

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.)

RECEIVED

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME Skelly Unit	
2. NAME OF OPERATOR Skelly Oil Company		8. FARM OR LEASE NAME Skelly Unit	
3. ADDRESS OF OPERATOR P. O. Box 1351, Midland, Texas 79701		9. WELL NO. 99	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit Letter K, 1980' FSL & 1980' FWL, Sec. 28-17S-37E		10. FIELD AND POOL, OR WILDCAT Grayburg-Jackson	
14. PERMIT NO.		11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA Sec. 28-17S-31E	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3774' DF		12. COUNTY OR PARISH Eddy	
		13. STATE New Mexico	

18. 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) Temporarily Abandoned <input checked="" type="checkbox"/>	
(Other) <input type="checkbox"/>		(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

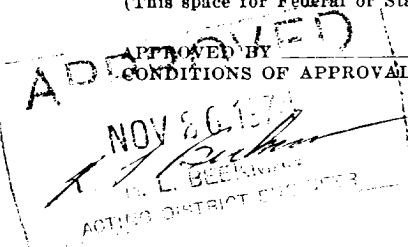
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

This well was temporarily abandoned 11-5-70, being uneconomical to operate. Present plans are to recondition in the first quarter of 1975 and evaluate possibilities of deepening and recompletion in the lower San Andres.

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

(Signed) J. R. Avent J. R. Avent TITLE Dist. Admin. Coordinator DATE 10-25-74

(This space for Federal or State office use)



TITLE _____ WELL MUST
UNLESS FURTHER APPROVED, BE PUT TO BENEFICIAL USE OR PLUGGED BY
APRIL 1, OCTOBER 1, 1975
*See Instructions on Reverse Side

DATE _____