

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.

**LC-032452-A**

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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7. UNIT AGREEMENT NAME

**Skally Fenness Unit**

8. FARM OR LEASE NAME

**Skally Fenness Unit**

9. WELL NO.

**31**

10. FIELD AND POOL, OR WILDCAT

**Langlie-Mattix**

11. SEC., T., R., E., OR B&E, AND SURVEY OR AREA

**Sec. 4-235-37E**

1. OIL WELL  GAS WELL  OTHER

2. NAME OF OPERATOR  
**Skally Oil Company**

3. ADDRESS OF OPERATOR  
**P. O. Box 1351, Midland, Texas 79701**

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 and 1980' FWL, Sec. 4-235-37E**

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

**3325' DF**

12. COUNTY OR PARISH

**Lee**

13. STATE

**New Mexico**

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETE

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON\*

SHOOTING OR ACIDIZING

ABANDONMENT\*

REPAIR WELL

CHANGE PLANS

(Other)

**Clean out and treat Queen perfs. 3520-3610'**

(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.)\*

- 1) Move in workover rig. Pull rods and tubing.
- 2) Clean out to 3638'.
- 3) Treat Queen perfs. 3520-3610' with 50,000 gallons gelled brine and 75,000# 20/40 sand.
- 4) Clean out to 3620' (minimum), if necessary.
- 5) Return well to production status pumping Queen perfs. 3520-3610'.

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

SIGNED **(Signed) D. R. Crow** **D. R. Crow** TITLE **Lead Clerk**

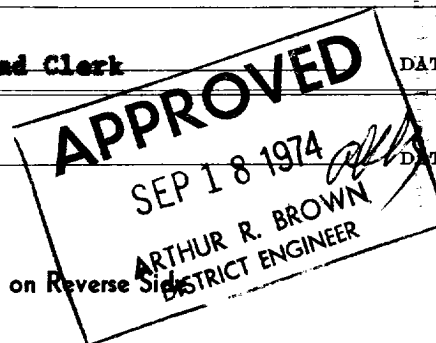
DATE **9-16-74**

(This space for Federal or State office use)

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

DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:



\*See Instructions on Reverse Side

