

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN PLICATE*
(Other Instr. on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

I Sec -276

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Shelly Unit

8. FARM OR LEASE NAME

9. WELL NO.

32

10. FIELD AND POOL, OR WILDCAT

Grayburg Jackson11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA**Section 15-178-31E**

12. COUNTY OR PARISH

Eddy**New Mexico**1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Shelly Oil Company

3. ADDRESS OF OPERATOR

P.O. Box 730, Hobbs, New Mexico4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface**660' FSL and 640' FSL Section 15-178-31E**

14. PERMIT NO.

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

3882 DF

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐(Other) **Perforate and Treat**PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON* ☐CHANGE PLANS ☐**X**

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐(Other) ☐REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT* ☐(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.)*

Well is presently producing through 5-1/2" OD casing perforations 3521-3615' (intervals) of the San Andres Formation.

We propose to perforate additional holes in the Grayburg and San Andres Formations and treat as follows:

1. Move in and rig up pulling unit.
2. Pull rods and tubing.
3. Perforate 5-1/2" OD casing from 3231-3789' selectively in the Grayburg and San Andres Formations with a total of 25 shots.
4. Isolate and treat through 5-1/2" OD casing perforations 3650-3789' (intervals) with 2,000 gallons acid.
5. Isolate and treat through 5-1/2" OD casing perforations 3231-3467' (intervals) with 1,250 gallons acid.
6. Isolate and Sand-Water frac through 5-1/2" OD casing perforations 3231-3467' (intervals) with 20,000 gallons water and 20,000# sand.
7. Pull retrievable bridge plug.
8. Run tubing and rods and return well to a producing status.

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

(Signed) **V. E. Fletcher**

SIGNED

TITLE **District Superintendent**DATE **March 28, 1967**

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side

RECEIVED
MAR 31 1967
U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO**APPROVED**
MAR 31
R. L. BEEKMAN
ACTING DISTRICT ENGINEER

Instructions

General: This form is designed for submitting proposals to perform certain well operations, and reports of such operations when completed, as indicated, on Federal and Indian lands pursuant to applicable Federal law and regulations, and, if approved or accepted by any State, on all lands in such State, pursuant to applicable State law and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 17: Proposals to abandon a well and subsequent reports of abandonment should include such special information as is required by local Federal and/or State offices. In addition, such proposals and reports should include reasons for the abandonment; data on any former or present productive zones, or other zones with present significant fluid contents not sealed off by cement or otherwise; depths (top and bottom) and method of placement of cement plugs; mud or other material placed below between and above plugs; amount, size, method of parting of any casing, liner or tubing pulled and the depth to top of any left in the hole; method of closing top of well; and date well site conditioned for final inspection looking to approval of the abandonment.

APPROVED
JAN 27 1964
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE

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TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

RECEIVED

JAN 10 1967

I. Operator
Skelly Oil Company
Address
Box 730, Hobbs, New Mexico
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐ Other (Please explain)
Change Lease Name and Well No.

If change of ownership give name and address of previous owner **Well formerly known as**

II. DESCRIPTION OF WELL AND LEASE **Skelly Oil Company's - Dow "A" No. 13**
Lease Name **Skelly Unit** Well No. **32** Pool Name, Including Formation **Grayburg Jackson - G & SA** Kind of Lease **State, Federal or Fee Federal** Lease No.
Location
Unit Letter **"F"** ; **660** Feet From The **South** Line and **660** Feet From The **East**
Line of Section **15** Township **17-S** Range **31-E** , NMPM, **Eddy** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
Texas - New Mexico Pipe Line Co. Address (Give address to which approved copy of this form is to be sent)
Box 1510 - Midland, Texas
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
Skelly Oil Company - Maljamar Plant Address (Give address to which approved copy of this form is to be sent)
Box 1135 - Eunice, New Mexico
If well produces oil or liquids, give location of tanks. Unit **"A"** Sec. **22** Twp. **17-S** Rge. **31-E** Is gas actually connected? **Yes** When **?**

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA
Designate Type of Completion - (X)
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth
Perforations Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)
Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)
Length of Test Tubing Pressure Casing Pressure Choke Size
Actual Prod. During Test Oil-Bbls. Water-Bbls. Gas-MCF

GAS WELL
Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate
Testing Method (pitot, back pr.) Tubing Pressure (shut-in) Casing Pressure (shut-in) Choke Size

VI. CERTIFICATE OF COMPLIANCE
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.
(Signature)
(Title)
(Date)
OIL CONSERVATION COMMISSION
APPROVED _____, 19____
BY **W. A. Gussert**
TITLE **OIL AND GAS INSPECTOR**
This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.