

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 067968

6. IF INDIAN, ALLOTTED OR TRIBE NAME

7. UNIT AGREEMENT NAME

Dollarhide Queen Sand Unit

8. FARM OR LEASE NAME

Dollarhide Queen Sand Unit

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Dollarhide Queen

11. SEC. T. R. M. OR BLM. AND
SURVEY OR AREA

Sec. 19-24S-38E

12. COUNTY OR PARISH

Lea

13. STATE

New Mexico

1.

OIL
WELL ☐GAS
WELL ☐

OTHER

Water Injection Well

West

2. NAME OF OPERATOR

Skelly Oil Company

West

3. ADDRESS OF OPERATOR

Box 730 - Hobbs, New Mexico

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

330' FSL & 2310' FSL Sec. 19-24S-38E

14. PERMIT NO.

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

3164' KB

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other)

Convert well to Water Injection

(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.)*

Moved in and rigged up pulling unit. Pulled rods and tubing. Ran 2" tubing and set packer at 3603'. Water Injection Equipment was installed and started injecting water into the Queen Formation through 7" OD casing perfs. 3696-3737' on February 10, 1964.

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

SIGNED

(ORIGINAL)
(SIGNED) H. E. Aab

TITLE

Dist. Superintendent

DATE

FEB 21 1964

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

AF 20

DATE

FEB 24 1964

*See Instructions on Reverse Side J. L. GORDON
ACTING DISTRICT ENGINEER