

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM-0349952

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

West Dollarhide Drinkard Unit

8. FARM OR LEASE NAME

West Dollarhide Drinkard Unit

9. WELL NO.

7

10. FIELD AND POOL, OR WILDCAT

Dollarhide Tubb-Drinkard

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

19-24S-38E

12. COUNTY OR PARISH 13. STATE

Lea

New Mexico

1. ☐ OIL WELL ☐ GAS WELL ☐ OTHER Tubb-Drinkard Water Injection

2. NAME OF OPERATOR

Skelly 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

1650' FSL and 1980' FEL Sec. 19-24S-38E

14. PERMIT NO.

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

3192' 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) Perf. and acidize additional pay

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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.)*

The Queen Formation is an oil well operated as Atlantic-Richfield's McClure "B" No. 19. To permit proper flooding of the entire Main Drinkard, we propose opening additional pay in the Main Drinkard and Upper Abo Zones as follows:

- 1) Check for fill inside 5-1/2" OD casing with wireline.
- 2) Perforate 5-1/2" OD casing 6726-6760', 6792-6803', 6838-6843', and 6864-6875' with 2 holes per foot.
- 3) Acidize perms. 6670-6875' with 8400 gals. 15% DS-30 acid in 6 stages using rock salt as a diverting agent.
- 4) Resume injection.
- 5) After approximately 2 weeks of stabilized injection, run injection profile.

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

SIGNED (signed) D. R. Crow D. R. Crow

TITLE Lead Clerk

DATE Dec. 4, 1972

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED

DEC 8 1972

ARTHUR R. BROWN
DISTRICT ENGINEER

*See Instructions on Reverse Side