UNIT STATES SUBMIT IN TRIPLIC (Other Instructions verse side) GEOLOGICAL SURVEY

Form approved.
Budget Bureau No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL NO.

NM-0349952

| OIL WELL OTHER Tubb-Drinkard Water Injection West Dollarhide Drinkard Unit 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 West Dollarhide Drinkard Unit 8. PARM OR LEASE NAME Ollarhide Drinkard Unit 9. WELL NO. 10. FIELD AND POOL, OR WILDCAT EDOIlarhide Tubb-Drinkard SURVEY OR AREA 19-24S-38E 12. COUNTY OR PARISH 13. STATE Lea New Mexico | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME | | |
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| OTHER TRIBUTE OF STATE OF STAT | | | | |
| West Dellarhide Drinkard Unit E Name Tubb-Drinkard Water Injection West bollarhide Drinkard Unit E Name State Stat | Dual Atlantic-Richfield Queen and | | | 7. UNIT AGREEMENT NAME |
| Skelly Oil Company 1. ADDRESS OF OFREADOR 1. P. O. BOX 1351, Midland, Texas 79701 1. DATED OF WELL (Report Totation clearly and in accordance with any State requirements.* 1. DATED OF WELL (Report Totation clearly and in accordance with any State requirements.* 1. DATED OF WELL (Report Totation clearly and in accordance with any State requirements.* 1. DATED OF FEL and 1980' FEL Sec. 19-248-38E 1. PREMIT NO. 1. Check Appropriate Box To Indicate Noture of Notice, Report, or Other Data Source on Interpretary Total Country and Alexander Carnet State Will Country and Carnet State Will Carnet State | WELL GAS WELL OTHER Tubb-Drinkard Water Injection West | | | |
| 18. A DESCRIPTOR OF MELLON (AND LOSS OF STORE) 19. O. BOX 1351, Midland, Texas 79701 10. The Control of Will, (Report location clearly and in accordance with any State requirements." 10. See also space of Tebows.) 10. AT WRITCH SEE Sec. 19-24S-38E 11. DESCRIPTOR OF MELLON (Show whether M. M. o. etc.) 11. DESCRIPTOR OF ALBERT (ALBINO SEE SEE SEE SEE SEE SEE SEE SEE SEE SE | | | | N. A. C. |
| 16. Permit No. 15. Repair location clearly and in accordance with any State requirements. 16. Permit No. 16. Repair location of the Permit No. 16. Repair No | 3. ADDRESS OF OPERATOR | | TO THE WEST | |
| 16. Permit No. 15. Repair location clearly and in accordance with any State requirements. 16. Permit No. 16. Repair location of the Permit No. 16. Repair No | P. O. Box 1351. Midland | Texas 79701 | IN Edition | 7 |
| 16. II. BLEVATIONS (Show whether Dr. N. G. etc.) 10. 24S-38E 11. PERMIT NO. 11. BLEVATIONS (Show whether Dr. N. G. etc.) 12. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data Notice or Intervious To: WATER SHOT-OFF PRACTURE THAT BIOGO OR ACIDIEN ARANDOS** CHANGE FLANS (Other) (Other) (Other) Perf. and acidize additional pay (Other) (Other) 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 6726-6760', 6792-6803', 6838-6843', and 6864-6875' with 2 holes per foot. 3) Acidize perfs. 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. 10 The Court of the Court of the Court of State office use) Approved BY CONDITIONS OF APPROVAL, IF ANY: 11 TITLE DATE DATE OTHER DATE TO PAPE CONDITIONS OF APPROVAL, IF ANY: 11 TITLE 12 DATE CONDITIONS OF APPROVAL, IF ANY: 13 DATE CONDITIONS OF APPROVAL, IF ANY: 14 DATE 15 DATE 15 DATE CONDITIONS OF APPROVAL, IF ANY: 15 DATE CONDITIONS OF APPROVAL, IF ANY: | LOCATION OF WELL (Report location of See also space 17 below.) | learly and in accordance with ar | ny State requirements. | |
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DISTRICT ENGINEER