

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE
(Other instructions
reverse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-030467 B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Myers Langlie-Mattix Unit

8. FARM OR LEASE NAME

Myers Langlie-Mattix Unit

9. WELL NO.

209

10. FIELD AND POOL, OR WILDCAT

Langlie-Mattix

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

Sec. 12-24S-36E

12. COUNTY OR PARISH

Lea

13. STATE

New Mexico

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

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

Unit Letter H, 1980' FNL & 660' FEL, Sec. 12-24S-36E

14. PERMIT NO.

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

3334' 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) ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON* ☐CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐(Other) Shut Down ☒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.)*

This well was shut down at an unknown date by the former operator as being uneconomical to operate. The well was taken into the Myers Langlie-Mattix Unit 2-1-74 as a shut down well. Present plans are to place the well under waterflood operations in the last quarter of 1974 or in 1975.

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

(Signed) J. R. Avent J. R. Avent TITLE Dist. Admin. Coordinator DATE 10-23-74

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

APPROVED
DATE

*See Instructions on Reverse Side

OCT 29 1974
JIM SIMS
ACTING DISTRICT ENGINEER