STATE OF NEW MEXICO

ENERGY	ANO	MINERALS	DEPARTMENT

POITRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
OPERATOR	\top	

socry Sexton

CONCITIONS OF APPROVAL, IF ANY

OIL CONSERVATION DIVISION

P. O. BOX 2088

Forsi	C-1	03	
Revis	sed	19-	1-

SANTA FE, NEW MEXICO 87501	WE41254 13-1-
U.S.a.s. O+2 - NMOCD-P.O. Box 1980 1 - Foreman	5a. Indicate Type of Lease
Hobbs, NM 88240 1 - WIO's	State Fee X
1 - Engr. 1 - File	5. State Oil & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS	
(DO NOT USE THIS FORM FOR PROPOSALS TO BAILL OF TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT _" (FORM C-101) FOR SUCH PROPOSALS.)	
OIL GAS G	7. Unit Agreement Name
will will other Injection Wells	
2. Name of Operator	8. Farm or Lease Name
Getty Oil Company	Skelly Penrose B Cout
3. Address of Operator	9. Well No.
P. O. Box 730 Hobbs, NM 88240	40
4. Location of Well	10. Field and Pool, or Wildcat
UNIT LETTER P 660 FEET FROM THE East LINE AND 660 FEET FROM	Langlie Mattix
Gouth 5	
THE South LINE, SECTION 5 TOWNSHIP 23S RANGE NMPM.	
	<u> </u>
15. Elevation (Show whether DF, RT, GR, etc.)	12. County
	Lea
Check Appropriate Box To Indicate Nature of Notice, Report or Oth	ner Data
ALCOHOLOGIC CONTRACTOR	REPORT OF:
	Y
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON COMMENCE DRILLING OPHS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING CHANGE PLANS CASING TEST AND CEMENT JOB	
ОТИЕЛ	
OTHER	
17. Describe Proposed of Completed Operation (Clearly research and a distribution of the distribution)	
17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including work) SEE RULE 1103.	estimated date of starting any propos
\ 1. Shut injection and flow well back vigorously.	
2. Rig up pulling unit, install BOP, and pull tubing.	
3. GIH with workstring, collars, and bit and clean to TD.	
4. POH.	
5. GIH with workstring and packer. Set packer 80 ft. above top perfor	ration.
6. Acidize with 1500 to 2000 gals. of 60/40 mixture of 15% acid and xy	vlene.
7. Shut in for four hours:	
8. Flow back vigorously.	•
9. Run injection tubing and packer.	
10. Place back on injection.	
	•
18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
Nall/ O. o hor	
* Itale B. Crockett Area Superintendent	DATE 9/17/81
Algred by	
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