STATE OF NEW MEXICO

ENERGY	2.561	MINERAL	S 0!	PAR	372	เศษท

40. 67 CD2169 ACCTIVED		
DISTRIBUTION		
SANTA FE		
FILE		<u> </u>
U.S.G.S.		I
LAND OFFICE	. 1	
027837.04		1

OIL CONSERVATION DIVISION

P. O. BOX 2088				
SANTA FE, NEW MEXICO	37501			
+2 - NMOCD-P.O. Box 1980	1 -			

0131 A18 0110 4	P. O. BOX		Revised 10-1-7
SANTA FE	SANTA FE, NEW I	MEXICO 87501	KC41354 13-1-7
FILE	0.2 2000 5 0 5	3000 1 7	Sa. Indicate Type of Lease
U.S.G.S.	_∤	ox 1980 1 - Foreman	State Fee X
LAND OFFICE	Hobbs, NM 8	8240 1 - WIO's	
OPERATOR	l - Engr.	l - File	5. State OII & Gas Lease No.
SUNDI	RY NOTICES AND REPORTS ON Y	VELLS CA TO A DIFFERCHT RESCRIVOIR. PROPOSALS.)	
1. OIL GAS WELL	OTHER- Injection Wells	5	7. Unit Agreement Name
2. Name of Operator			8. Farm or Lease Name
Getty Oil Company			Skelly Penrose B Lut
3. Address of Operator			9. Well No.
P. O. Box 730 Hobbs,	NM 88240		42
4. Location of Well			10. Field and Pool, or Wildcat
D	660 FEET FROM THE North	660	Langlie Mattix
THE West LINE, SECT	10N 9 TOWNSHIP 23S	RANGEN	
	15. Elevation (Show whether D 3321' DF)F, RT, GR, etc.)	12. County Lea
16. Check	Appropriate Box To Indicate Na	ature of Notice, Report or	Other Data
	INTENTION TO:		ENT REPORT OF:
<u>_</u> _		:	_
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABAHDON		COMMENCE DRILLING OPHS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT JOB	+
		OTHER	· [
OTHER			
			
17. Describe Proposed or Completed (work) SEE RULE 1103.	Operations (Clearly state all pertinent deta	ils, and give pertinent dates, inclu	ding estimated date of starting any propos
			•
1. Shut injection an	nd flow well back vigorousl	v	
_	nit, install BOP, and pull	_	
z. Mrg up parring un	irc' miscarr por' and barr	cunting.	

- 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 perforation.
- 6. Acidize with 1500 to 2000 gals. of 60/40 mixture of 15% acid and xylene.
- 7. Shut in for four hours:
- 8. Flow back vigorously.
- 9. Run injection tubing and packer.
- 10. Place back on injection.

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18.1 hereby certify that the information above is true and com alcate Dale R. Crockett	plete to the best of my knowledge and belief. TITLE Area Superintendent	DATE 9/17/81
APPROVED BY	*11.CE	DATE