

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

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

NM-2244

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>Water Injection Well</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME - - - -
2. NAME OF OPERATOR <u>Skelly Oil Company</u>		7. UNIT AGREEMENT NAME - - - -
3. ADDRESS OF OPERATOR <u>P. O. Box 1351, Midland, Texas 79701</u>		8. FARM OR LEASE NAME <u>Hughes Federal</u>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) <u>At surface</u> <u>Unit Letter "P", 660' FSL & 660' FEL, Sec. 17-23S-37E</u>		9. WELL NO. <u>1</u>
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT <u>Langlie-Mattix</u>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>3335' KB</u>		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 17-23S-37E</u>
		12. COUNTY OR PARISH <u>Lea</u>
		13. STATE <u>New Mexico</u>

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input checked="" type="checkbox"/> <u>Converted to Water Injection</u>		<input checked="" type="checkbox"/> <u>X</u>

(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.) *

The following work was authorized by the New Mexico Oil Conservation Commission Order No. R-5141.

- 1) Moved in workover rig 9-25-76.
- 2) Set 112 joints (3446') 2-3/8" OD Salta lined injection tubing and packer at 3457'. Loaded tubing-casing annulus with 75 bbls. treated water.
- 3) Returned well to active status injecting water thru Langlie-Mattix perms. 3499-3614' at the rate of 565 bbls. water per day at 0# pressure.

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

SIGNED (Signed) D. R. Crow D. R. Crow

TITLE Lead Clerk

DATE 9-30-76

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

*See Instructions on Reverse Side

