

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-060825(a)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Water Injection	7. UNIT AGREEMENT NAME Myers Langlie-Mattix Unit
2. NAME OF OPERATOR Skelly Oil Company	8. FARM OR LEASE NAME Myers Langlie-Mattix Unit
3. ADDRESS OF OPERATOR P. O. Box 1351, Midland, Texas 79701	9. WELL NO. 7
4. LOCATION OF WELL (Report location clearly and in accordance with any State Requirements. See also space 17 below.) At surface Unit Letter C, 330' FNL & 1980' FWL, Sec. 30-23S-37E	10. FIELD AND POOL, OR WILDCAT Langlie-Mattix
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 30-23S-37E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3334' DF	12. COUNTY OR PARISH Lea
	13. STATE New Mexico

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) ☐REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT* ☐Converted to Water Injection ☒

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

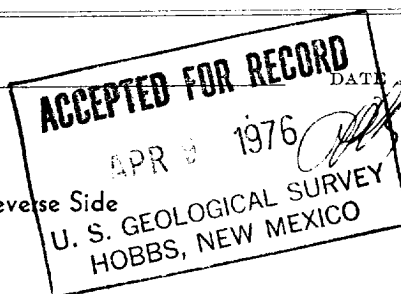
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

- 1) Moved in workover rig March 4, 1976.
- 2) Cleaned out 3612-3615'.
- 3) Perforated 5-1/2" OD casing at 3553-3556' with 3 shots, 3558-3562' with 4 shots, 3566-3570' with 4 shots, 3580-3586' with 6 shots.
- 4) Treated perms. 3530-3586' with 5000 gallons 15% NE acid, 550# rock salt and 550# benzoic acid flakes in 4 stages.
- 5) Set 112 joints (3475') 2-3/8" OD Salta lined injection tubing and packer at 3487'.
- 6) Loaded tubing casing annulus with treated water.
- 7) Well was shut in March 8, 1976, waiting to commence injecting water thru Langlie-Mattix perms. 3530-3586'.

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

SIGNED D. R. Crow TITLE Lead Clerk DATE 4-2-76

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

RECEIVED

MAR 13 1976

U. S. CONSTITUTIONAL COM. 1976