

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

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. LC-032545(a)	
2. NAME OF OPERATOR Skelly Oil Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME -	
3. ADDRESS OF OPERATOR P. O. Box 1351, Midland, Texas 79701		7. UNIT AGREEMENT NAME Myers Langlie-Mattix Unit	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit Letter P, 660' FSL & 660' FEL Sec. 31-23S-37E		8. FARM OR LEASE NAME Myers Langlie-Mattix Unit	
14. PERMIT NO.		9. WELL NO. 108	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3317' DF		10. FIELD AND POOL, OR WILDCAT Langlie-Mattix	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 31-23S-37E	
		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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Repair Casing & Return to Production.</u>	
(Other) <input type="checkbox"/>		(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 January 9, 1976. Pulled rods.
- 2) Cleaned out 3450-3663'.
- 3) Located hole in 2-7/8" OD casing at 1081'.
- 4) Cement squeezed interval 1081-1208' with 300 sacks Class "C" cement mixed 2% CaCl. WOC 64 hrs.
- 5) Drilled out cement 1025-1210'. Pressure tested squeezed leak interval to 500# for 30 min., held okay.
- 6) Cleaned out 3580-3663'.
- 7) Returned well to producing status February 5, 1976, pumping Langlie-Mattix perms. 3542-3648' for 1 bbl. oil and 4 bbls. water per day.

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

SIGNED (Signed) D. R. Crow D. R. Crow TITLE Lead Clerk DATE 2-25-76

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

