Form	9-331
(May	1963)

IINIT > STATES

SUBMIT IN TRIPLIC

Form approved.

(M	DEPARTMENT OF THE INTERIOR (Other Instructions) GEOLOGICAL SURVEY		5. LEASE DESIGNATION LC-060825 b			
	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.)	r.	6. IF INDIAN, ALLOTTEE	OR TRIBE NAME		
1.	OIL X GAS OTHER	Mv	7. UNIT AGREEMENT NA ers Langlie-Mat			
2.	NAME OF OPERATOR		8. FARM OR LEASE NAM			
	Skelly Oil Company	My	ers Langlie-Mat	tix Unit		
3.	ADDRESS OF OPERATOR		9. WELL NO.			
	P. O. Box 1351, Midland, Texas 79701		83			
	LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit Letter E, 1980 FNL & 660 FWL, Sec. 34-23S-37E		10. FIELD AND POOL, OR WILDCAT Langlie-Mattix 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 34-23S-37E			
14.	PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)		12. COUNTY OR PARISH			
	3285 * DF		Lea	New Mexico		
16.	Check Appropriate Box To Indicate Nature of Notice, Repo	ort, or C	Other Data			
	NOTICE OF INTENTION TO:	SUBSEQU	UBSEQUENT REPORT OF:			
	TEST WATER SHUT-OFF PULL OR ALTER CASING WATER SHUT-OFF FRACTURE TREAT MULTIPLE COMPLETE SHOOT OR ACIDIZE REPAIR WELL CHANGE PLANS (Other) Shift	ZING	REPAIRING W ALTERING CA ABANDONMEN	SING		

(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.)*

This well was shut down at an unknown date by the former operator as being uneconomical to operate. The well was taken into the Myers Langlie-Mattix Unit 2-1-74 as a shut down well. Present plans are to place the well under waterflood operations in the last quarter of 1974 or in 1975.

3. I hereby certify that the foregoing							
signed J. E. L.	J. R.	Avent	TITLE	Dist.	Admin.	Coordinator	DATE 10-23-74
(This space for Federal or State office use)					APPROVED		
APPROVED BY CONDITIONS OF APPROVAL.	~		TITLE				DATE