

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions
reverse 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-060825b
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 U.
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit Letter F, 2310' FNL & 1650' FWL, Sec. 34-23S-37E		8. FARM OR LEASE NAME Myers Langlie-Mattix U.
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3280' KB	9. WELL NO. 84
		10. FIELD AND POOL, OR WILDCAT Langlie-Mattix
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 34-23S-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) <input checked="" type="checkbox"/> Perforate & treat Langlie-Mattix form.	

(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.) *

- Moved in workover rig 10-1-75. Pulled rods and tubing.
- Set CIBP at 3495'. Perforations 3502-3566' sealed off.
- Perforated casing 3420', 3434', 3438', 3440', 3442', 3452', 3457', 3460', 3462', 3473', and 3475' with one shot each place.
- Spotted 100 gallons 15% NE acid 3420-3475'.
- Treated perms. 3420-3475' with 1500 gallons 15% NE acid and 27 ball sealers. Flushed with 16 bbls. brine.
- Treated perms. 3420-3475' with 10,000 gallons gelled brine, 15,000# 20/40 sand and 3 ball sealers in 2 stages. Flushed with 16 bbls. brine.
- Set 110 joints (3417') 2-3/8" OD tubing at 3426'.
- Pump tested perms. 3420-3475' for 11 days averaging no oil, 35 bbls. load water per day. Pump tested perms. 3420-3475' for 25 days averaging 4 bbls. oil, 55 bbls. formation water per day.
- Returned well to producing status November 11, 1975, pumping Langlie-Mattix perms. for 3 bbls. oil, 80 bbls. water per day.

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

(Signed) D. R. Crow D. R. Crow TITLE Lead Clerk

DATE 11-12-75

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side

