

UNIT STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLIC  
(Other instructions on  
reverse side)

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-060825 b

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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7. UNIT AGREEMENT NAME

Myers Langlie-Mattix Unit

8. FARM OR LEASE NAME

Myers Langlie-Mattix Unit

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 13. STATE

Lea

New Mexico

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR  
Skelly Oil Company

3. ADDRESS OF OPERATOR

P. O. Box 1351, Midland, Texas 79701

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

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3280' KB

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) Shut Down ☒

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT\* ☐

(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.

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

(Signed) J. R. Avent J. R. Avent TITLE Dist. Admin. Coordinator DATE 10-23-74

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED  
DATE

\*See Instructions on Reverse Side

OCT 29 1974  
JIM SIMS  
ACTING DISTRICT ENGINEER

I.L.E.		S.G.S.		AND OFFICE		TRANSPORTER		OIL		GAS		OPERATOR		PRORATION OFFICE					
I. Operator Skelly Oil Company																			
Address P. O. Box 1351, Midland, Texas 79701																			
Reason(s) for filing (Check proper box)																			
New Well				Change in Transporter of:				Other (Please explain) Formerly: Texas Pacific Oil Company, Blinbry B, Well No. 7											
Recompletion				Oil				Dry Gas				Effective date of unitization 2-1-74							
Change in Ownership				Casinghead Gas				Condensate											
If change of ownership give name and address of previous owner Texas Pacific Oil Company, P. O. Box 1069, Hobbs, New Mexico 88240																			
II. DESCRIPTION OF WELL AND LEASE																			
Lease Name Myers Langlie-Mattix Unit				Well No. 84		Pool Name, including Formation Langlie Mattix Seven Rivers Queen				Kind of Lease State, Federal or Fee Federal				Lease No. LC0608251					
Location																			
Unit Letter F				2310		Feet From The North				Line and 1650		Feet From The West							
Line of Section 34				Township 23S		Range 37E				NMPM, Lea		County							
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS																			
Name of Authorized Transporter of Oil X or Condensate								Address (Give address to which approved copy of this form is to be sent)											
Texas-New Mexico Pipeline Company								P. O. Box 1510, Midland, Texas 79701											
Name of Authorized Transporter of Casinghead Gas X or Dry Gas								Address (Give address to which approved copy of this form is to be sent)											
El Paso Natural Gas Company								P. O. Box 1492, El Paso, Texas 79999											
If well produces oil or liquids, give location of tanks.				Unit L		Sec. 34		Twp. 23S		Rge. 37E		Is gas actually connected? Yes		When 12-11-61					
If this production is commingled with that from any other lease or pool, give commingling order number:																			
IV. COMPLETION DATA																			
Designate Type of Completion - (X)				Oil Well		Gas Well		New Well		Workover		Deepen		Plug Back		Same Res'v.		Diff. Res'v.	
Date Spudded				Date Compl. Ready to Prod.				Total Depth				P.B.T.D.							
Elevations (DF, RKB, RT, GR, etc.)				Name of Producing Formation				Top Oil/Gas Pay				Tubing Depth							
Perforations												Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD																			
HOLE SIZE				CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT							
V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)																			
Date First New Oil Run To Tanks				Date of Test				Producing Method (Flow, pump, gas lift, etc.)											
Length of Test				Tubing Pressure				Casing Pressure				Choke Size							
Actual Prod. During Test				Oil - Bbls.				Water - Bbls.				Gas - MCF							
GAS WELL																			
Actual Prod. Test-MCF/D				Length of Test				Bbls. Condensate/MMCF				Gravity of Condensate							
Testing Method (pitot, back pr.)				Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				Choke Size							
VI. CERTIFICATE OF COMPLIANCE																			
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.																			
(Signature) Leland Franz																			
District Production Manager																			
(Title)																			
February 1, 1974																			
(Date)																			
OIL CONSERVATION COMMISSION																			
APPROVED _____, 19 _____																			
BY _____																			
TITLE _____																			
This form is to be filed in compliance with RULE 1104.																			
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.																			
All sections of this form must be filled out completely for allowable on new and recompleted wells.																			
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.																			
Separate Forms C-104 must be filed for each pool in multiply recompleted wells.																			

NUMBER OF COPIES RECEIVED	
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U.S.G.B.	
LAND OFFICE	
TRANSPORTER	OIL GAS
PRODUCTION OFFICE	
OPERATOR	

# NEW MEXICO OIL CONSERVATION COMMISSION

FORM C-103  
(Rev 3-55)

## MISCELLANEOUS REPORTS ON WELLS

(Submit to appropriate District Office as per Commission Rule 1106)

Name of Company <b>TEXAS PACIFIC OIL COMPANY</b>				Address <b>Box 1069, Hobbs, New Mexico</b>			
Lease <b>Blinbry "B" Battery 2</b>	Well No. <b>7</b>	Unit Letter <b>F</b>	Section <b>34</b>	Township <b>23-S</b>	Range <b>37-E</b>		
Date Work Performed	Pool <b>Langlie-Mattix</b>			County <b>Lea</b>			

THIS IS A REPORT OF: (Check appropriate block)

- ☐ Beginning Drilling Operations
 ☐ Casing Test and Cement Job
 ☒ Other (Explain):
- ☐ Plugging
 ☐ Remedial Work

Detailed account of work done, nature and quantity of materials used, and results obtained.

**Temporarily abandoned - Held for possible secondary recovery.**

Witnessed by	Position	Company
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### FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY

#### ORIGINAL WELL DATA

D F Elev.	T D	P B T D	Producing Interval	Completion Date
Tubing Diameter	Tubing Depth	Oil String Diameter	Oil String Depth	
Perforated Interval(s)				
Open Hole Interval			Producing Formation(s)	

#### RESULTS OF WORKOVER

Test	Date of Test	Oil Production BPD	Gas Production MCFPD	Water Production BPD	GOR Cubic feet/Bbl	Gas Well Potential MCFPD
Before Workover						
After Workover						

OIL CONSERVATION COMMISSION		I hereby certify that the information given above is true and complete to the best of my knowledge.	
Approved by		Name <b>Original signed by: John H. Hendrix</b>	
Title		Position <b>District Engineer</b>	
Date		Company <b>TEXAS PACIFIC OIL COMPANY</b>	