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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

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 -" (FORM C-101) FOR SUCH PROPOSALS.)

5a. Indicate Type of Lease
State ☐ Fee ☒

5. State Oil & Gas Lease No.

7. Unit Agreement Name
Myers Langlie-Mattix Unit

8. Farm or Lease Name
Myers Langlie-Mattix Unit

9. Well No.
235

10. Field and Pool, or Wildcat
Langlie-Mattix

1. ☐ OIL WELL ☐ GAS WELL ☐ OTHER- **Water Injection**
Name of Operator
Skelly Oil Company
Address of Operator
P. O. Box 1351, Midland, Texas 79701
4. Location of Well
UNIT LETTER **I** **1980** FEET FROM THE **South** LINE AND **760** FEET FROM
THE **East** LINE, SECTION **7** TOWNSHIP **24S** RANGE **37E** NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)
3306' DF

12. County
Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐
OTHER ☐

REMEDIAL WORK ☐
COMMENCE DRILLING OPER. ☐
CASING TEST AND CEMENT JOB ☐
OTHER ☒

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

Converted to water injection

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

- Moved in workover rig July 15, 1975.
- Cleaned out 3511-3570'.
- Ran GR-N log 2800-3518'.
- Set 106 joints (3339') 2-3/8" OD Salta lined tubing with injection packer at 3352'.
- Well shut down waiting to commence water injection into Langlie-Mattix perforated interval and open hole section 3410-3570'.

NOTE: Casing-tubing annulus was filled with 100 bbls. treated water.

18. I hereby certify that the information above is true and complete to the best of my knowledge.

(Signed) D. R. Crow

D. R. Crow

Lead Clerk

8-11-75

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY: