NO. OF COPIES RECEIVED			Form C-103
DISTRIBUTION			Supersedes Old C-102 and C-103
SANTA FE	NEW MEXIC	O OIL CONSERVATION COMMISSION	Effective 1-1-65
FILE			
U.S.G.S.			5a. Indicate Type of Lease
LAND OFFICE			State Otl & Cas Lease No.
OPERATOR			5. State Oil & Gas Lease No.
SUN (DO NOT USE THIS FORM FOR USE "APPL	IDRY NOTICES AND RE PROPOSALS TO DRILL OR TO DE ICATION FOR PERMIT -" (FORM	PORTS ON WELLS EPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. C-101) FOR SUCH PROPOSALS.)	
1. OIL WELL 2. Name of Operator	OTHER- Water I	njecton Well	7. Unit Agreement Name Myers Langlie-Mattix U. 8. Farm or Lease Name
Skelly 011 Company 3. Address of Operator			Myers Langlie-Mattix U. 9. Well No.
P. O. Box 1351, Midland, Texas 79701			231
4. Location of Well			10. Field and Pool, or Wildcat
UNIT LETTER,	_	South LINE AND 660 FEE	
THE KAST LINE, S	ECTION TOWN	SHIP 24S RANGE 37E	NMPM.
	15. Elevation	(Show whether DF, RT, GR, etc.)	12. County
		3283 ' DF	Les
16. Che	ck Appropriate Box To	Indicate Nature of Notice, Report	or Other Data
	F INTENTION TO:		UENT REPORT OF:
	PLUG AN	ABANDON REMEDIAL WORK	ALTERING CASING
PERFORM REMEDIAL WORK	, 200 Ans	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
TEMPORARILY ABANDON PULL OR ALTER CASING	CHANGE F	r\	
FULL OR ALIER CASING		OTHER	
OTHER CONVERT to WAT	er injection	x	
work) SEE RULE 1003. This well was complet	ed as a dual produ	Il pertinent details, and give pertinent dates, in cing through Jalmat perforat anglie-Mattix perforations 3	ions 2875-2950', 2990-3065',
The following work is	proposed for this	well:	
	rig. Pull rods ar		
2) Clean out to 3586		-	
	ion tubing with pa	icker at 3300'.	
4) Flow and clean-up	Jalmat zone.		
5) Return well to ac	tive status inject	ing through Langlie-Mattix p	erfs. 3380-3460' and open
	1 -1 1 4	chind Tubing.	
(1) Post inen	+ Fluid D	euro ,	
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18. I hereby certify that the inform	nation above is true and compl	ete to the best of my knowledge and belief.	
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SIGNED	D. R. Crow	TITLE Lead Clerk	DATEAugust 4, 1975
		Geolook	
والمنطقة المنطقة المنط			975
APPROVED BY	ist	TITLE	DATE

CONDITIONS OF APPROVAL, IF ANY: