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NEW MEXICO OIL CONSERVATION COMMISSION

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

SUNDY 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 - "A" (FORM C-101) FOR SUCH PROPOSALS.)		5. State Oil & Gas Lease No. -----
1. ☒ OIL WELL ☐ GAS WELL ☐ OTHER	7. Unit Agreement Name Myers Langlie-Mattix U.	
2. Name of Operator Skelly Oil Company	8. Farm or Lease Name Myers Langlie-Mattix U.	
3. Address of Operator P. O. Box 1351, Midland, Texas 79701	9. Well No. 232	
4. Location of Well UNIT LETTER J 1980 FEET FROM THE East LINE AND 1980 FEET FROM THE South LINE, SECTION 8 TOWNSHIP 24S RANGE 37E R.M.M.		10. Field and Pool, or Willent Langlie-Mattix
11. Elevation (Show whether DF, RT, GR, etc.) 3279' DF		12. County Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
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PERFORM REMEDIAL WORK ☐ TEMPORARILY ABANDON ☐ PULL OR ALTER CASING ☐	PLUG AND ABANDON ☐ CHANGE PLANS ☐ OTHER ☐ Add perms. and return Langlie-Mattix to production.	REMEDIAL WORK ☐ COMMENCE DRILLING CPNS. ☐ CASING TEST AND CEMENT JOBS ☐ OTHER ☐	ALTERING CASING ☐ PLUG AND ABANDONMENT ☐
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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.

- 1) Move in workover rig.
- 2) Clean out to 3580' TD.
- 3) Run GR-Sidewall Neutron Porosity Collar log 3000-3580' TD.
- 4) Perforate middle Langlie-Mattix interval as indicated by log.
- 5) Isolate new perms and treat with 2000 gallons NE acid and ball sealers.
- 6) Return well to producing status with pumping equipment, pumping Langlie-Mattix perms. and open hole section 3526-3580'.

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

(Signed) D. R. Crow

D. R. Crow

Lead Clerk

11-4-75

SIGNED _____ TITLE _____ DATE _____

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: