

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Water Injection		7. UNIT AGREEMENT NAME Myers Langlie-Mattix Unit	
2. NAME OF OPERATOR Skelly Oil Company		8. FARM OR LEASE NAME Myers Langlie-Mattix Unit	
3. ADDRESS OF OPERATOR P. O. Box 1351, Midland, Texas 79701		9. WELL NO. 224	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface		10. FIELD AND POOL, OR WILDCAT Langlie-Mattix	
Unit Letter G, 1980' FNL & 1980' FEL, Sec. 10-24S-37E		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 10-24S-37E	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3528' DF	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:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) Convert to Water Injection <input checked="" type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	

(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.)*

- (1) Move in workover rig. Pull rods and tubing.
- (2) Locate casing leak interval and cement squeeze.
- (3) Clean out to 3531' TD.
- (4) Drill new hole 3531-3661' TD.
- (5) Set 4" OD F. J. casing liner 3150-3661' and cement in place.
- (6) Clean out inside 4" OD liner and run GR-Neutron log.
- (7) Perforate lower Langlie-Mattix as indicated by log.
- (8) Treat perms. with 1500 gallons acid followed by 8,000 gallons gelled brine and 10,000# sand.
- (9) Pump test perms.
- (10) Perforate upper Langlie-Mattix and selectively treat.
- (11) Set coated injection tubing and packer 50' above top of perforation.
- (12) Place well on active injection status, injecting water thru Langlie-Mattix perforation.

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

SIGNED (signed) D. R. Crow D. R. Crow TITLE Lead Clerk DATE 10-24-75

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

APPROVED
OCT 30 1975
ARTHUR R. BROWN
DISTRICT MANAGER