40. OF COPIES RECEIVED			•	Form C-103		
DISTRIBUTION				Supersedes Old		
SANTA FE	MET MEXICO DIE CONSERVATION COMMISSION				C-102 and C-103 Effective 1-1-85	
FILE				·		
U.S.G.S.				5a. Indicate Type	of Lease	
LAND OFFICE				State	Fee X	
OPERATOR	]			5, State Otl & Ga	is Lease No.	
SUNDR (DO NOT USE THIS FORM FOR PRO USE "APPLICATION")	Y NOTICES AND RE	PORTS ON WELLS	IFFERENT RESERVOIR.			
! **	7, Unit Agreemen	t Name				
%ELL X GAS WELL 2. Name of Operator	OTHER-			. 5		
Skelly 0il Company	8, Farm or Lease					
3. Address of Operator	9. Well No.					
P. O. Box 1351, Mid1	land, Texas 7970	1		1		
·	10, Field and Pool, or Wildcat					
UNIT LETTER F	Saunders Permo Penn.					
THE West	34 TOWNS	148	23F			
LINE, SECTIO	TOWNS	HIP RAN	GENMP			
	15. Elevation (	Show whether DF, RT, G	R, etc.)	12, County	44444	
	11111	Unknown		Lea		
Check A	Appropriate Box To	Indicate Nature of	Notice, Report or O	ther Data		
NOTICE OF IN	TENTION TO:		SUBSEQUE	NT REPORT OF:		
		[==]	•			
PERFORM REMEDIAL WORK	PLUG AND A	ABANDON X REMEDIAL	WORK	ALTERI	NG CASING	
PULL OR ALTER CASING			E DRILLING OPNS.	PLUG AI	ND ABANDONMENT	
FOLL OR ALTER CASING	CHANGE PL		ST AND CEMENT JOB		_	
OTHER		OTHER				
<ol> <li>Describe Proposed or Completed Oper work) SEE RULE 1103.</li> </ol>	erations (Clearly state all	pertinent details, and gir	ve pertinent dates, includir	ig estimated date of s	tarting any proposed	
This well has become une  1) Rig up workover rig. 2) Dump 50 sacks cement 3) Locate free point, c 4) Spot cement plugs as	on bottom from ut off 5-1/2" ca	10.014' to 961	۵۱.		·	
50 sacks acre 50 sacks in a	and out of 5-1/2 oss top of the G and out of 8-5/8 top of 8-5/8" an	Glorieta (6150' B" shoe (4350' -	- 6000¹) - 4200¹)			
5) Set marker.						
All intervals not cemente	ed will be fills	ed with 10# mid				
8. I hereby certify that the information al	bove is true and complete	to the best of my knowle	dge and belief.	<del></del>		
IGNED Signad) D. I., Uto	7N	TITLE T - 1 AP -				
		Lead Cleri		Dec.	<u> 10, 1971</u>	
6001			9	gan mich	n 1 3 10.71	
PPROVED BY	My	TITLE	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	DATE	1 1/1	
ONDITIONS OF APPROVAL, IF ANY:						
	,					

## RECEIVED

OIL CONSERVATION COMM.