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NEW MEXICO OIL CONSERVATION COMMISSION

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

5a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.

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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Skelly Oil Company	8. Farm or Lease Name Skelly Penrose "B" Unit
3. Address of Operator P. O. Box 1351, Midland, Texas 79701	9. Well No. 15
4. Location of Well UNIT LETTER O FEET FROM THE S LINE AND 1980 FEET FROM THE E LINE, SECTION 32 TOWNSHIP 22S RANGE 37E NMPM. Langlie Mattix	10. Field and Pool, or Wildcat
15. Elevation (Show whether DF, RT, GR, etc.) 3369 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 <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER Casing Connections <input checked="" type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/>

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.

**Riser on 12-1/2" and 7" casing brought to surface
Inspected by L. A. Clements 1-3-75**

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

(Signed) **D. R. Crow**
 SIGNED **D. R. Crow** TITLE **Lead Clerk** DATE **1-22-75**

APPROVED BY **Joe D. Ramsey** TITLE _____ DATE _____
 CONDITIONS OF APPROVAL, IF ANY: **Dist. 1, Supr.**