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NEW MEXICO OIL CONSERVATION COMMISSION

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

NOV 29 1967

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-	7. Unit Agreement Name <b>Skelly Penrose 'A' Unit</b>
2. Name of Operator <b>Skelly Oil Company</b>	8. Farm or Lease Name
3. Address of Operator <b>Box 730 - Hobbs, New Mexico</b>	9. Well No. <b>50</b>
4. Location of Well UNIT LETTER <b>F</b> , <b>1980</b> FEET FROM THE <b>North</b> LINE AND <b>1980</b> FEET FROM THE <b>West</b> LINE, SECTION <b>10</b> TOWNSHIP <b>23S</b> RANGE <b>37E</b> NMPM.	10. Field and Pool, or Wildcat <b>Langlie Mattix</b>
15. Elevation (Show whether DF, RT, GR, etc.) <b>3296' DF</b>	12. County <b>Lea</b>

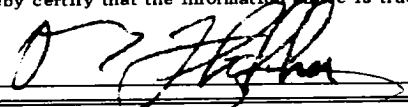
16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

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"/>	PLUG AND ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER <b>Converted to Water Injection</b> <input checked="" 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.

**Moved in and rigged up pulling unit. Pulled rods and tubing. Ran 2" tubing and set packer at 3188'. Water injection equipment was installed and water will be injected into the Penrose Formation through open hole section 3300-3625'**

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

SIGNED  TITLE **District Superintendent** DATE **November 28, 1967**

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE **NOV 30 1967**

CONDITIONS OF APPROVAL, IF ANY: