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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 <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.
B-8944

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	8. Farm or Lease Name
Skelly Oil Company	Mexico "F"
3. Address of Operator	9. Well No.
P. O. Box 1351, Midland, Texas 79701	7
4. Location of Well	10. Field and Pool, or Wildcat
UNIT LETTER G , 2130 FEET FROM THE North LINE AND 1830 FEET FROM	Denton Wolfcamp
THE East LINE, SECTION 2 TOWNSHIP 15S RANGE 37E N.M.P.M.	
15. Elevation (Show whether DF, RT, GR, etc.)	12. County
3810' DF	Lea

16.

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER Temporary Abandonment <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.

This well has been producing from Wolfcamp perforations 9088-9100'. PBTB is 9111'. Increased cost of repairs of downhole lifting equipment has made this well uneconomical to operate. We are temporarily abandoning it by shutting it and holding it for possible additional recovery.

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

(Signed) **J. R. Avent** TITLE **District Adm. Coordinator** DATE **March 4, 1970**

APPROVED BY **[Signature]** TITLE **District Adm. Coordinator** DATE **1970**

CONDITIONS OF APPROVAL, IF ANY: