NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION E.C.C.

MAY 24 12 44 PM '66

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 ☒   GAS WELL ☐   OTHER-

7. Unit Agreement Name

----

2. Name of Operator

Skelly Oil Company

8. Farm or Lease Name

L. Van Etten

3. Address of Operator

P. O. Box 730 - Hobbs, New Mexico

9. Well No.

12

4. Location of Well

UNIT LETTER ___"O"___ , ___810___ FEET FROM THE ___South___ LINE AND ___2130___ FEET FROM

THE ___East___ LINE, SECTION ___9___ TOWNSHIP ___20-S___ RANGE ___37-E___ NMPM.

10. Field and Pool, or Wildcat

Monument Tubb

15. Elevation *(Show whether DF, RT, GR, etc.)*

3554' DF

12. County

Lea

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

OTHER _____ ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☒

OTHER _____

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

_____ ☐

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.

Reached total depth of 6700' May 16, 1966. Set 204 jts. (6689') of new 5-1/2"OD 15.5# 8R SS J-55 R-2 RT&C at 6700'. Cemented with 549 sacks of cement by the pump and plug process. Plug down at 1:00 A.M. May 18, 1966. Temperature survey indicated cement outside 5-1/2"OD casing at 2934' from the surface. WOC 24 hours. Pressured 5-1/2"OD casing up to 600# for 30 minutes and casing tested o.k. Did not drill out cement plug. P.B.T.D. 6662'.

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

(ORIGINAL SIGNED) H. E. Aab

SIGNED _____

TITLE **District Superintendent**

DATE **May 23, 1966**

APPROVED BY _____   TITLE _____   DATE _____

CONDITIONS OF APPROVAL, IF ANY: