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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.              |                              |

## 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 checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-  |  | 7. Unit Agreement Name                            |
| 2. Name of Operator<br><b>SKELTON OIL COMPANY</b>  |  | 8. Farm or Lease Name<br><b>PHILLIPS STATE</b>    |
| 3. Address of Operator<br><b>P. O. BOX 840 HOBBS, NEW MEXICO 88240</b>   |  | 9. Well No.<br><b>ONE</b>                         |
| 4. Location of Well<br>UNIT LETTER <b>J</b> <b>2310</b> FEET FROM THE <b>SOUTH</b> LINE AND <b>1650</b> FEET FROM<br>THE <b>EAST</b> LINE, SECTION <b>36</b> TOWNSHIP <b>11</b> RANGE <b>37</b> N.M.P.M. |  | 10. Field and Pool, or Wildcat<br><b>WOLFCAMP</b> |
| 15. Elevation (Show whether DF, RT, GR, etc.)  |  | 12. County<br><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"/> | PLUG AND ABANDON <input checked="" type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/>              | ALTERING CASING <input type="checkbox"/>      |
| TEMPORARILY ABANDON <input type="checkbox"/>   | CHANGE PLANS <input type="checkbox"/>                | COMMENCE DRILLING OPNS. <input type="checkbox"/>    | PLUG AND ABANDONMENT <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/>  | OTHER <input type="checkbox"/>                       | CASING TEST AND CEMENT JOB <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.

Spot 35 SX @9,000 feet  
Spot 35 SX in and out of stub  
Spot 35 SX @ base of intermediate  
Spot 35 SX @ surface

100' plug @ top 30 ft inside intermediate  
All plugs 100' in length  
600 lb mud  
24 hr notice

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

|   |                       |                     |
|---|-----------------------|---------------------|
| SIGNED <i>[Signature]</i>   | TITLE <b>OPERATOR</b> | DATE <b>1/17/73</b> |
| APPROVED BY <i>[Signature]</i><br>Orig. Signed by<br>Joe D. Raney<br>Dist. I, Supv. | TITLE                 | DATE                |
| CONDITIONS OF APPROVAL, IF ANY:   |                       |                     |