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NEW MEXICO OIL CONSERVATION COMMISSION

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

Aug 8 1966

5a. Indicate Type of Lease
State Fee
5. State Oil & Gas Lease No.
B-2320

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-
2. Name of Operator
Skelly Oil Company
3. Address of Operator
P. O. Box 730 - Hobbs, New Mexico
4. Location of Well
UNIT LETTER **"D"** **660** FEET FROM THE **North** LINE AND **990** FEET FROM
THE **West** LINE, SECTION **32** TOWNSHIP **22-8** RANGE **37-E** N.M.P.M.
7. Unit Agreement Name
Skelly Penrose "D" Unit
8. Farm or Lease Name

9. Well No.
3
10. Field and Pool, or Wildcat
Langlie Mattix
15. Elevation (Show whether DF, RT, GR, etc.)
3373' 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"/> | PLUG AND ABANDON <input 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"/> | OTHER Convert Well to Water Injection <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 3514'. Water injection equipment was installed and water will be injected into the Penrose Formation through 5-1/2"OD casing perfs. 3594-3709'.

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

SIGNED (ORIGINAL SIGNED) H. E. Aeb TITLE District Superintendent DATE August 8, 1966

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: