NO. OF COPIES RECEIVED		Form C-103
		Supersedes Old C-102 and C-103
DISTRIBUTION	NEW MEXICO OIL CONSERVATION COMMISSION	Effective 1-1-65
SANTAFE	HER MEXICO OIL CONSERVATION COMMISSION	
FILE		5a. Indicate Type of Lease
U.S.G.S.		State Fee,
LAND OFFICE		5. State Oil & Gas Lease No.
OPERATOR		university and the
		Vinninninnin -
SUNDR (DO NOT USE THIS FORM FOR PRO USE "APPLICAT	Y NOTICES AND REPORTS ON WELLS POSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. ION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)	7. Unit Agreement Name
OIL GAS WELL	OTHER-	Skelly Penrose "A" Uni
2. Name of Operator	ly 011 Company	8. Farm or Lease Name
3. Address of Operator	ty Var Openion	9. Well No.
The state of the s	730 - Hebbs, New Mexico	4
4. Location of Well		10. Field and Pool, or Wildcat
T 196	FEET FROM THE South LINE AND 1980 FEET F	Langlia Mattix
UNIT LETTER	FEET FROM THE LINE AND	
THE East LINE, SECTI	ON 33 TOWNSHIP 228 RANGE 37-R	MPM.
mmmm	15. Elevation (Show whether DF, RT, GR, etc.)	12. County
	3344' BF	Lea
		Orbon Data
	Appropriate Box To Indicate Nature of Notice, Report or NTENTION TO: SUBSEQUE	ENT REPORT OF:
		[-7]
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS CASING TEST AND CEMENT JOB	
	OTHER	
OTHER CONVERT WELL TO	water injection [7]	
		li satisfact of starting any proposed
17. Describe Proposed or Completed C	perations (Clearly state all pertinent details, and give pertinent dates, inclu	taing estimated date of starting any proposed
work) SEE RULE 1 103.		
We plan to pull the	gods and tubing out of this well. We will the	en install Water Injection
		into
Equipment and inject	water through Open Hole Section 3384-3705'	AL GA NO CO
the Pearces Formation	n.	
White could will be a	Nate: Injection Well for the Skelly Penione "A	A" Unit, which is operated
Into took that be		
by Skelly Oil Compan	v	
by SERITA OIL Comban	J :	
	<i>j</i>	
	is two and complete to the bact of my bnowledge and belief.	
18. I hereby certify that the information	Malove is true and complete to the best of my knowledge and belief.	
18. I hereby certify that the information		
A THE	TITLE District Superintenden	DATE OCT 3 1967
18. I hereby certify that the information of the signed si		DATE OCT 3 1967
A THE		DATE OCT 3 1967

CONDITIONS OF APPROVAL, IF ANY: