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NO. OF COPIES RECEIVED		Form C-103
DISTRIBUTION	,	Supersedes Old C-102 and C-103
SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSIONS.	Effective 1-1-65
FILE		
u.s.g.s.	Jul 13 11 39 11 366	5a. Indicate Type of Lease State Fee.
LAND OFFICE	99	
OPERATOR		5. State Oil & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO BRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT —" (FORM C-101) FOR SUCH PROPOSALS.)		
USE "API	PLICATION FOR PERMIT _*** (FORM C-101) FOR SUCH PROPUSALS.)	7. Unit Agreement Name
OIL GAS WELL	OTHER-	- mai wan mai wan mai mai mai mai mai mai
2. Name of Operator		8. Farm or Lease Name
Skelly	Gil Company	B. Goats
3. Address of Operator		9. Well No.
	Box 730 - Hobbs, New Mexico	10. Field and Pool, or Wildcat
4. Location of Well		
UNIT LETTER	. 1980 FEET FROM THE SOUTH LINE AND 660 FEET FROM	Lenglie Mettix
43	3 24-8 36-5	
THE BASE LINE,	SECTION 3 TOWNSHIP 24-8 RANGE 36-5 NMPM	
	15. Elevation (Show whether DF, RT, GR, etc.)	12. County
	3305° DP	Lea
^{16.} Ch	eck Appropriate Box To Indicate Nature of Notice, Report or Or	ther Data
		T REPORT OF:
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	
Class fut	Despen & Treat	
	eted Operations (Clearly state all pertinent details, and give pertinent dates, includin	g estimated date of starting any proposed
work) SEE RULE 1103.		
l. Mo	ve in and rig up pulling unit.	
	11 rods and tubing.	
3. C l	ean out to total depth 3659' and deepen to 3689'.	
4. Ac	idize open hole 3496-3689' with 5000 gallous of act	id.
5. Ibs	n rods and tubing and return well to production.	
2.1		
18. I hereby certify that the info	rmation above is true and complete to the best of my knowledge and belief.	
18. I hereby certify that the info	Y) H. E. Ash	* 10 1044
18. I hereby certify that the info	H. E. Asb	
(ORIGINAL STONE)	H. E. Aub	DATE July 12, 1966
(ORIGINAL STONE)	H. E. Asb	
APPROVED BY	H. E. Asb TITLE District Superintendent TITLE District Superintendent	DATE
SIGNED	H. E. Asb TITLE District Superintendent TITLE District Superintendent	