

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

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 type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	

7. Unit Agreement Name	
Skelly Penrose "A" Unit	
8. Farm or Lease Name	
Skelly Penrose "A" Unit	
9. Well No.	
24	
10. Field and Loc., or Wildcat	
Langlie-Mattix	
12. County	
Lea	

SUNDY NOTICES AND REPORT 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. Name of Operator	2. Name of Operator
Skelly Oil Company	Skelly Oil Company
3. Address of Operator	3. Address of Operator
P. O. Box 1351, Midland, Texas 79701	P. O. Box 1351, Midland, Texas 79701
4. Location of Well	4. Location of Well
UNIT LETTER <u>G</u> , <u>1980</u> FEET FROM THE <u>North</u> LINE AND <u>1980</u> FEET FROM THE <u>East</u> LINE, SECTION <u>3</u> TOWNSHIP <u>23S</u> RANGE <u>37E</u> NMPM.	UNIT LETTER <u>G</u> , <u>1980</u> FEET FROM THE <u>North</u> LINE AND <u>1980</u> FEET FROM THE <u>East</u> LINE, SECTION <u>3</u> TOWNSHIP <u>23S</u> RANGE <u>37E</u> NMPM.
15. Elevation (Show whether DF, RT, GR, etc.)	15. Elevation (Show whether DF, RT, GR, etc.)
3301' DF	3301' DF

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"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER <u>Casing Connections</u> <input checked="" type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated dates of proposed work) SEE RULE 1103.

Riser on 10-3/4" and 7" OD casing brought to surface.
Inspected by L. A. Clements January 20, 1975.

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

(Signed) D. R. Crow
SIGNED D. R. Crow TITLE Lead Clerk DATE 1-30-75

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: