

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

# NEW MEXICO OIL CONSERVATION COMMISSION

JUL 22 10 33 AM '69

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

5a. Indicate Type of Lease  
State ☐ Fee ☒

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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/>	7. Unit Agreement Name <b>West Dollarhide Gun Sd Unit</b>
2. Name of Operator <b>Skelly Oil Company</b>	8. Field or Lease Name <b>West Dollarhide Gun Sd Unit</b>
3. Address of Operator <b>P. O. Box 730 - Hobbs, New Mexico 88240</b>	9. Well No. <b>11</b>
4. Location of Well UNIT LETTER <b>E</b> , <b>990</b> FEET FROM THE <b>West</b> LINE AND <b>2310</b> FEET FROM THE <b>North</b> LINE, SECTION <b>30</b> TOWNSHIP <b>248</b> RANGE <b>38E</b> N.M.P.M.	10. Field and Pool, or Wildcat <b>Dollarhide Queen</b>
15. Elevation (Show whether DF, RT, GR, etc.) <b>3126' GR</b>	12. County <b>Lea</b>

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

### NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

TEMPORARILY ABANDON ☐

PULL OR ALTER CASING ☐

PLUG AND ABANDON ☐

CHANGE PLANS ☐

OTHER **Convert to Water Injection** ☒

### SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

COMMENCE DRILLING OPNS. ☐

CASING TEST AND CEMENT JOB ☐

OTHER ☐

ALTERING CASING ☐

PLUG AND ABANDONMENT ☐

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.

1. Rig up pulling unit.
2. Pull rods and tubing.
3. Clean out to PBTD of 3739', or 3725' minimum, with sand pump.
4. Run 5-1/2" x 2" tension type packer and internally coated tubing. Set packer at 3636'.
5. Fill annulus with inhibited fluid.
6. Connect to injection system.

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

(ORIGINAL)  
SIGNED **V. E. FLETCHER**

SIGNED \_\_\_\_\_

TITLE **District Production Manager**

DATE **7/18/69**

APPROVED BY \_\_\_\_\_

TITLE **SUPERVISOR DISTRICT**

DATE **JUL 22 1969**

CONDITIONS OF APPROVAL, IF ANY: