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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  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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <b>Water Injection Well</b>	7. Unit Agreement Name <b>Skelly Penrose "B" Unit</b>
2. Name of Operator <b>Skelly Oil Company</b>	8. Farm or Lease Name <b>Skelly Penrose "B" Unit</b>
3. Address of Operator <b>P. O. Box 1351, Midland, Texas 79701</b>	9. Well No. <b>62</b>
4. Location of Well UNIT LETTER <b>F</b> , <b>1980</b> FEET FROM THE <b>North</b> LINE AND <b>1980</b> FEET FROM THE <b>West</b> LINE, SECTION <b>8</b> TOWNSHIP <b>23S</b> RANGE <b>37E</b> NMPM.	10. Field and Pool, or Wildcat <b>Langlie-Mattix</b>
15. Elevation (Show whether DF, RT, GR, etc.) <b>3329' DF</b>	12. County <b>Lea</b>

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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER _____ <input type="checkbox"/>	OTHER <b>Temporarily Abandoned</b> <input checked="" type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <input 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.

This well was temporarily abandoned March 15, 1973, tubing being needed elsewhere. Skelly proposes to return well to injection status in the last quarter of 1974 or in 1975.

*Expires 10/1/75*

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

(Signed) J. R. Avent J. R. Avent TITLE Dist. Admin. Coordinator DATE 10-24-74

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: \_\_\_\_\_