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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 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 GAS WELL OTHER-

2. Name of Operator
Skelly Oil Company

3. Address of Operator
P. O. Box 1351, Midland, Texas 79701

4. Location of Well
UNIT LETTER 0 660 FEET FROM THE South LINE AND 1980 FEET FROM
THE East LINE, SECTION 5 TOWNSHIP 24S RANGE 37E NMPM.

7. Unit Agreement Name
Myers Langlie-Mattix Unit

8. Farm or Lease Name
Myers Langlie-Mattix Unit

9. Well No.
179

10. Field and Pool, or Wildcat
Langlie-Mattix

15. Elevation (Show whether DF, RT, GR, etc.)
3289' DF

12. County
Lea

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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <u>Shut Down</u> <input checked="" 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 shut down July, 1972, by the former operator as being uneconomical to operate. The well was taken into the Myers Langlie-Mattix Unit 2-1-74 as a shut down well. Present plans are to place the well under waterflood operations in the last quarter of 1974 or in 1975.

*Expired
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 10-23-74

APPROVED BY Joe D. Ramey TITLE _____ DATE _____
Orig. Signed by Joe D. Ramey Dist. I, Supv.

CONDITIONS OF APPROVAL, IF ANY: