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# NEW MEXICO OIL CONSERVATION COMMISSION

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

## 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"/>		5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
2. Name of Operator <b>SKELLY OIL COMPANY</b>		5. State Oil & Gas Lease No. <b>E-1369</b>
3. Address of Operator <b>P. O. Box 730 - Hobbs, New Mexico 88240</b>		7. Unit Agreement Name <b>-----</b>
4. Location of Well UNIT LETTER <b>A</b> , <b>660</b> FEET FROM THE <b>North</b> LINE AND <b>660</b> FEET FROM THE <b>East</b> LINE, SECTION <b>33</b> TOWNSHIP <b>7-S</b> RANGE <b>33-E</b> NMPM.		8. Farm or Lease Name <b>Hobbs "T"</b>
15. Elevation (Show whether DF, RT, GR, etc.) <b>4421' DF</b>		9. Well No. <b>6</b>
		10. Field and Pool, or Wildcat <b>Chaveroo San Andres</b>
		12. County <b>Roosevelt</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 ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐  
COMMENCE DRILLING OPNS. ☐  
CASING TEST AND CEMENT JOBS ☐

ALTERING CASING ☐  
PLUG AND ABANDONMENT ☐

OTHER **Acid Treatment** ☒

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.

- Moved in and rigged up Pulling Unit.
- Pulled rods and tubing.
- Treated down 4-1/2" OD casing through perfs., 4267-4345' with 30,000 gallons lease oil, 37.500# 20/40 sand and 25# Adomite per 1,000 gallons.
- Ran tubing and rods with pump.
- Installed pumping equipment and returned well to a producing status.
- Well pumping to allowable

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

SIGNED (Signed) V. E. Fletcher.

TITLE **District Superintendent**

DATE **October 25, 1967**

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: