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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"/>	7. Unit Agreement Name
2. Name of Operator Skelly Oil Company	8. Farm or Lease Name Hobbs "R"
3. Address of Operator Box 730 - Hobbs, New Mexico	9. Well No. No. 2
4. Location of Well UNIT LETTER "E" , 1980 FEET FROM THE North LINE AND 611.1 FEET FROM THE West LINE, SECTION 31 TOWNSHIP 7-S RANGE 36-E NMPM.	10. Field and Pool, or Wildcat Todd San Andres
15. Elevation (Show whether DF, RT, GR, etc.) Not available at this time	12. County Roosvelt

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 checked="" 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 checked="" type="checkbox"/>	OTHER <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.

Well spudded May 21, 1965. Set 11 joints (338') of new 8-5/8" OD 24# 8-R SS J-55 R-2 RT&C casing at 350'. Cemented with 200 sacks of cement by the Pump & Plug Process. Cement circulated to surface. Plug down at 4:45 PM, May 21, 1965. W.O.C. 24 hours. Pressured up to 1000# for 30 minutes and casing tested OK. Drilled out cement plug and pressured up to 1000# for 30 minutes and casing shut off tested OK.

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

SIGNED **(ORIGINAL) H. E. Asb** TITLE **Dist. Supt.** DATE **May 26, 1965**

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: