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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.
K-1370

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- 2. Name of Operator SKILLY OIL COMPANY 3. Address of Operator P. O. Box 730 - Hobbs, New Mexico 88240 4. Location of Well UNIT LETTER E 1650 FEET FROM THE North LINE AND 330 FEET FROM THE West LINE, SECTION 29 TOWNSHIP 78 RANGE 34E NMPM. 15. Elevation (Show whether DF, RT, GR, etc.) 4158' BY	7. Unit Agreement Name ----- 8. Farm or Lease Name Hobbs "W" 9. Well No. 7 10. Field and Pool, or Wildcat Chaveroo San Andres 12. County Roosevelt
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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 <input checked="" type="checkbox"/> Acid Treat

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 perforations 4218-4357' 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 top allowable.

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

(signed) C. R. DAVIS

SIGNED [Signature] TITLE Asst. District Superintendent DATE October 25, 1967

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: