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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 <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	
7. Unit Agreement Name	
8. Farm or Lease Name Wallace	
9. Well No. #2	
10. Field and Pool, or Wildcat Gladiola Wolfcamp	
12. County Lea	

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 - "A" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator Skelton Oil Company
3. Address of Operator P.O. Box 176, Hobbs, New Mexico 88240
4. Location of Well UNIT LETTER B 330 FEET FROM THE North LINE AND 1654.62 FEET FROM THE East LINE, SECTION 6 TOWNSHIP 12S RANGE 38E N.M.P.M.
15. Elevation (Show whether DF, RT, GR, etc.)

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 checked="" type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
FULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <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.

3-03-83 Moved Cobra Rig #9 onto location, pull rods and found body break. Pulled rods and bad tubing. Ran 365 jts 2 7/8" tubing. Ran CIBP @ 11,930' and cemented w/8 sks cement, top @ 11,896'. CRC perforated 9 holes @ 9098, 9100, 9101, 9103, 9108, 9110, 9122, 9123 & 9124. Set packer @ 9023'. Halliburton acidized w/2000 Gals 15% MCA acid.

3-18-83 Swabbing.

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

SIGNED *Jerry Sexton* TITLE Manager DATE 3-24-83

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE MAR 28 1983

CONDITIONS OF APPROVAL, IF ANY: