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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 <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	
7. Unit Agreement Name	
8. Farm or Lease Name LIBERTY	
9. Well No. 1 #1	
10. Field and Pool, or Wildcat WOLFCAMP	
12. County LEA	

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO REDEVELOP OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT TO DRILL" (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 840 - HOBBS, N.M. 88240
4. Location of Well UNIT LETTER G 1980 FEET FROM THE NORTH LINE AND 1980 FEET FROM THE LAST LINE, SECTION 8 TOWNSHIP 12-S RANGE 38-E N.M.P.M.
15. Elevation (Show whether DF, RT, GR, etc.) 3872 DF

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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>
OTHER RECOMPLETE TO OIL WELL <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <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.

THIS WELL WAS OPERATED BY RICE ENGINEERING & OPERATING AS A SALT WATER DISPOSAL WELL.
WE PROPOSE TO SET BRIDGE PLUG AT 9508'.
PERFORATE FROM 9496' TO 9506'.

This was formerly the Oberholtzer #2 (Ralph Lowe)

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

SIGNED <u>George G. Graham</u>	TITLE OFFICE MANAGER	DATE 8/1/76
APPROVED BY <u>Don L. Smith</u>	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		