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NEW MEXICO OIL CONSERVATION COMMISSION

MAR 8 11 44 AM '67

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

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. E-6659

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 "Y"
3. Address of Operator Box 730 - Hobbs, New Mexico	9. Well No. 1
4. Location of Well UNIT LETTER J , 1980 FEET FROM THE South LINE AND 1980 FEET FROM THE East LINE, SECTION 29 TOWNSHIP 12-S RANGE 34-E NMPM.	10. Field and Pool, or Wildcat Undesignated
15. Elevation (Show whether DF, RT, GR, etc.) Unknown	12. County Lea

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 checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>
OTHER <input 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.

Spudded well on March 3, 1967. Set 10 jts (400') of new 11-3/4" OD 31.20# Arnee SW SJ casing at 414'. Cemented with 450 sacks of cement by the pump & plug process. Plug down 1:30 A.M. March 4, 1967. Cement circulated to the surface. WOC 24 hours. Tested 11-3/4" OD casing to 600# for 30 minutes and casing tested OK. Drilled plug and tested 11-3/4" OD casing to 600# and casing shutoff tested OK.

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

SIGNED (ORIGINAL SIGNED) V. E. Fletcher TITLE District Superintendent DATE March 6, 1967

APPROVED BY ORIGINAL & THREE COPIES SIGNED BY THE DISTRICT SUPERINTENDENT DATE _____
CONDITIONS OF APPROVAL, IF ANY: