

COPIES RECEIVED		
TRIBUTION		
FE		
FILE		
U.S.G.S.		
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 checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
B-1527	

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- Water Injection Well	7. Unit Agreement Name Lovington Paddock Unit
2. Name of Operator Skelly Oil Company	8. Farm or Lease Name Lovington Paddock Unit
3. Address of Operator P. O. Box 1351, Midland, Texas 79701	9. Well No. 2
4. Location of Well UNIT LETTER I , 1650 FEET FROM THE South LINE AND 330 FEET FROM THE East LINE, SECTION 25 TOWNSHIP 16S RANGE 36E NMPM.	10. Field and Pool, or Wildcat Lovington Paddock
15. Elevation (Show whether DF, RT, GR, etc.) 3842' DF	12. County Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐
OTHER ☐

SUBSEQUENT REPORT OF:
REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☐
OTHER **Acidize injection zone** ☒

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 pump truck 10-3-73.
- Treated Glorieta perforations 6153-6297' with 1000 gallons of 28% NE acid.
- Returned well to injection 10-3-73 at the rate of 250 barrels of water per day at 2300# pressure

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

(Signed) **D. R. Crow** SIGNED **D. R. Crow** TITLE **Lead Clerk** DATE **10-10-73**

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

