DISTRIBUTION SANTA FE FILE				Form C-103		
SANTA FE				Supersedes (Old.	
	11534 145	NEW MEXICO OIL CONSERVATION COMMISSION		C-102 and C-103		
FILE	NEW ME	XICO OIL CONSER	VATION COMMISSION	Effective 1-1	-65	
				5a. Indicate Typ	o of Logo	
U.S.G.S.				State X		
LAND OFFICE					Fee	
OPERATOR				5. State Oil & G B-7316	ds Ledse No.	
				mmm	mmm	
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.						
1. OIL X GAS WELL OTHER. 2. Name of Operator Skelly Oil Company 3. Address of Operator P. O. Box 1351, Midland, Texas 79701 4. Location of Well				7 Unit Amagna	7, Unit Agreement Name	
				7. Onit Agreeme		
				8. Form or Lease Name		
					State "S"	
				9. Well No.		
				2		
				10. Field and Pa	-1 31/:134	
4. Location of wen	990	South	330	Lovington	•	
UNIT LETTER	FEET FROM	THE	LINE AND FEET	FROM	TTTTTTTTTTT	
Vact	95	160	36 E			
THE East LINE	, SECTIONT	OWNSHIP	RANGE N	мрм.		
mmmm	TTTTTTT 15 Flanc	tion (Show whether DF	PT CP		<i>HHHH</i>	
	15. Eleva	3859		12. County		
<i>İTITITIIII</i>		30.73	DF	Liea	<u> </u>	
			OTHER			
OTHER Cement squee		X	OTHER			
reperforate and t	reat			uding estimated date of	starting any proposed	
reperforate and to 17. Describe Proposed or Complwork) SEE RULE 1103. 1) Move in workow 2) Wash perforation. 3) Cement squeeze 4) Drill out ceme 5) Run GR-N and complete 6) Perforate as in 7) Treat perfs. w	reat eted Operations (Clearly statement of the colors of t	is and tubing. th 500 gals. I' with 70 sac	, and give pertinent dates, incl 15% NE acid to check ks cement.		. , ,	
reperforate and to 17. Describe Proposed or Complwork) SEE RULE 1103. 1) Move in workow 2) Wash perforation. 3) Cement squeeze 4) Drill out ceme 5) Run GR-N and comply for the complex of the complex o	reat eted Operations (Clearly state) er rig. Pull roc lons 8314-8458' wi e perfs. 8314-8458 mt. collar locator log indicated by logs with 75% retarded producing status	is and tubing. th 500 gals. I'with 70 sac acid and SAF pumping Lovi	, and give pertinent dates, incl 15% NE acid to checks cement. MARK II. ngton Abo perfs.	ck rate of flu		

APPROVED BY ____

CONDITIONS OF APPROVAL, IF ANY: