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NEW MEXICO OIL CONSERVATION COMMISSION

JAN 19 11 27 AM '66

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-7845

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 State "Q"
2. Name of Operator Skelly Oil Company	8. Farm or Lease Name State "Q"
3. Address of Operator Box 730 - Hobbs, New Mexico	9. Well No. 4
4. Location of Well UNIT LETTER "Q" , 330 FEET FROM THE South LINE AND 1650 FEET FROM THE East LINE, SECTION 36 TOWNSHIP 16-S RANGE 36-E NMPM.	10. Field and Pool, or Wildcat Levington Abo
15. Elevation (Show whether DF, RT, GR, etc.) 3838' DF	12. County Lee

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 JOB ☐
OTHER ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐
OTHER ☐

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.

Water production on this well has increased to the extent that it must be squeezed for profitable operations. We plan to recompleate the well in the following manner:

1. Move in and rig up pulling unit.
2. Pull rods and tubing.
3. Set Drillable C.I. Cement Retainer at approx. 8348'.
4. Squeeze 5-1/2" OD casing perfs. 8354-8424' with approx. 100 sacks of cement.
5. Perforate 5-1/2" OD casing with one (1) shot per interval at the following depths: 8241', 8244.5', 8250', 8263.5', 8270', 8276', 8285', 8290', 8297', 8303', 8322.5', 8330.5', 8336' and 8343', Upper Abo Section.
6. Treat with approx. 2000 gals. of acid.
7. Swab and test well.
8. Return well to a producing status.

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

(ORIGINAL) **H. E. Aab**

SIGNED _____

TITLE **Dist. Superintendent**

DATE **January 17, 1966**

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY: _____