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NEW MEXICO OIL CONSERVATION COMMISSION

HOBBS OFFICE O. C. C.

Nov 28 11 00 AM '66

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

5a. Indicate Type of Lease
State ☒ Fee ☐

5. State Oil & Gas Lease No.
B-7766

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 ☒   GAS WELL ☐   OTHER-

7. Unit Agreement Name
Lovington Paddock Unit

2. Name of Operator
Skelly Oil Company

8. Farm or Lease Name
————

3. Address of Operator
P. O. Box 730, Hobbs, New Mexico

9. Well No.
15

4. Location of Well

UNIT LETTER **C**, **810** FEET FROM THE **North** LINE AND **2130** FEET FROM

THE **West** LINE, SECTION **36** TOWNSHIP **16S** RANGE **36E** NMPM.

10. Field and Pool, or Wildcat
Lovington Paddock

15. Elevation (Show whether DF, RT, GR, etc.)
3851' DF

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 ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
OTHER _____

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐
☐

OTHER **Convert well to water injection** ☒

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.

We plan to pull the rods and tubing out of this well. We will then install
Water Injection Equipment and inject water through open hole section
6080-6280' into the Paddock Formation.

This well will be a Water Injection Well for the Lovington Paddock Unit,
which is operated by Skelly Oil Company.

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

SIGNED _____   TITLE **District Superintendent**   DATE **November 25, 1966**

APPROVED BY _____   TITLE _____   DATE _____

CONDITIONS OF APPROVAL, IF ANY: