OF COPIES RECEIVED			Form C-103
DISTRIBUTION			Supersedes Old C-102 and C-103
SANIAFE	NEW MEXICO OIL CONSERVAT	TION COMMISSION	Effective 1-1-55
FILE		ı	
U.S.G.S.			5a. Indicate Type of Lease
LAND OFFICE			State Fee
OPERATOR			5. State Oil & Gas Lease No. <b>B-8944</b>
			mmmmm
(DO NOT USE THIS FORM FOI USE "APPL	NDRY NOTICES AND REPORTS ON WELL PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO LOATION FOR PERMIT - 1 (FORM C-101) FOR SUCH PROPO	S A DIFFERENT RESERVOIR.	7. Unit Agreement Name
OIL GAS WELL	OTHER-		
2. Name of Operator		!	8. Farm or Lease Name
Skelly Oil Company			Mexico "F"
3. Address of Operator	70701		3
P. O. Box 1351, Mid:	and, lexas /9/01		10. Field and Pool, or Wildcat
4. Location of Well	1020 North	660	Denton Devonian
UNIT LETTER	1980 FEET FROM THE North LIN	E AND OOU FEET FROM	
THE West LINE, S	ECTION 2 TOWNSHIP 158	RANGE 37E NMPM.	
mmmm	15. Elevation (Show whether DF, R7	, GR, etc.)	12. County
	3816' DF		Lea
		of Nation Papart or Oth	
Che	ck Appropriate Box To Indicate Nature F INTENTION TC:		REPORT OF:
			ALTERING CASING
PERFORM REMEDIAL WORK		DIAL WORK	PLUG AND ABANDONMENT
TEMPORARILY ABANDON		TENCE DRILLING OPNS.	PEGG AND ADARGONISER [
PULL OR ALTER CASING		HER	
and Took Dottor	onian perfs. 12062-12083 X		
17. Describe Proposed or Complet	ed Operations (Clearly state all pertinent details, an	d give pertinent dates, including	estimated date of starting any proposed
work) SEE RULE 1103.			
1) Move in workove	rig. Pull rods and tubing.		
	erfs. 12497-12512'.		
3) If test of Devo	nian perfs. 12497-12512' indicat	es non-commercial p	ay, set cast iron
bridge plug at		_	
4) Visqueeze Devonian perfs. 12062-12083' to eliminate excessive water production.			
5) Return well to production status pumping Devonian perfs. 12062-12083' and also, perfs.			
12497-12512', 1			
•			
18. I hereby certify that the inform	nation above is true and complete to the best of my k	nowledge and belief.	
(Signed) D. R. Cho	D. R. Crow TITLE Lead (	Clerk	DATE 9-9-74
SIUNEU			
	Critically 2 by		
APPROVED BY	Joe D. Lamey TITLE		DATE
	D.st. 1, Eupv.		

CONDITIONS OF APPROVAL, IF ANY: