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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-8944	
7. Unit Agreement Name	

8. Farm or Lease Name	
Mexico "F"	
9. Well No.	
4	
10. Field and Pool, or Wildcat	
Denton Devonian	
12. County	
Lea	

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"/>
2. Name of Operator
Skelly Oil Company
3. Address of Operator
P. O. Box 1351, Midland, Texas 79701
4. Location of Well
UNIT LETTER D 660 FEET FROM THE North LINE AND 660 FEET FROM
THE West LINE, SECTION 2 TOWNSHIP 15S RANGE 37E NMPM.
15. Elevation (Show whether DF, RT, GR, etc.)
3823' DF

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER Temporarily Abandoned <input checked="" type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>

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.

Due to the low oil production and high water production, this well was uneconomical to produce. Well temporarily abandoned, with downhole equipment left in place 1-1-74.

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

SIGNED (Signed) D. R. Crow TITLE Lead Clerk DATE 2-15-74

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