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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 type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	
7. Unit Agreement Name	
Lovington Paddock Unit	
8. Farm or Lease Name	
Lovington Paddock Unit	
9. Well No.	
8	
10. Field and Pool, or Wildcat	
Lovington Paddock	
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 type="checkbox"/>	GAS WELL <input type="checkbox"/>	OTHER- Water Injection Well
2. Name of Operator		
Skelly Oil Company		
3. Address of Operator		
P. O. Box 1351, Midland, Texas 79701		
4. Location of Well		
UNIT LETTER M	660	FEET FROM THE South LINE AND 660 FEET FROM
THE West LINE, SECTION 30	TOWNSHIP 16S	RANGE 37E NMPM.

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

3837' DF

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> Acidize injection zone

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.

- Moved in pump truck 10-3-73.
- Treated Glorieta perforations 6109-6260' with 1000 gallons of 28% NE acid.
- Returned well to injection 10-3-73 at the rate of 300 barrels of water per day at 2300# pressure.

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** **D. R. Crow** TITLE **Lead Clerk** DATE **10-10-73**

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: