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NEW MEXICO OIL AND GAS COMMISSION

DEC 12 7 54 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-1505

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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> 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. 27
4. Location of Well UNIT LETTER K , 1980 FEET FROM THE South LINE AND 1960 FEET FROM THE West LINE, SECTION 31 TOWNSHIP 16-S RANGE 37-E NMPM.	10. Field and Pool, or Wildcat Lovington Paddock
15. Elevation (Show whether DF, RT, GR, etc.) 3830' 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 <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> 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.

Moved in and rigged up pulling unit and pulled rods and tubing.

Ran 2" tubing and set packer at 6000'. Water injection equipment was installed and water will be injected into the Paddock Formation through open-hole section 6080-6275'.

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

SIGNED (ORIGINAL SIGNED) H. E. Aas TITLE District Superintendent DATE December 9, 1966

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: