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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 [XX] Fee [ ]

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

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- **Salt Water Disposal**

7. Unit Agreement Name: - - - -

2. Name of Operator: **Skelly Oil Company**

8. Farm or Lease Name: **Abo SWD System**

3. Address of Operator: **P. O. Box 730 - Hobbs, New Mexico 88240**

9. Well No.: **1**

4. Location of Well: UNIT LETTER **"P"**, **2310** FEET FROM THE **north** LINE AND **2626** FEET FROM THE **west** LINE, SECTION **31** TOWNSHIP **16S** RANGE **37E** NMPM.

10. Field and Pool, or Wildcat: **Lovington Abo**

15. Elevation *(Show whether DF, RT, GR, etc.)*: **3839' 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 [ ]	PLUG AND ABANDON [ ]	REMEDIAL WORK [ ]	ALTERING CASING [ ]
TEMPORARILY ABANDON [ ]		COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]	CHANGE PLANS [ ]	CASING TEST AND CEMENT JOB [ ]	
OTHER **Perforate and Acidize** [XX]		OTHER [ ]	

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.

1) **Pull tubing and set packer at 9700'.**

2) **Perforate 5-1/2"OD casing 9730 - 10,180'. (Present perforations 10,210 - 10,260').**

3) **Acidize old and new perforations with 4,000 gallons 15% acid and 3750# rock salt in stages.**

4) **Return to Disposal status, injecting through 5-1/2"OD casing perforations 9730 - 10,260' into the Abo Formation.**

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

SIGNED (ORIGINAL SIGNED) **V. E. Fletcher** TITLE **District Production Manager** DATE **2-3-1969**

APPROVED BY [signature] TITLE _____ DATE FEB 4 1969

CONDITIONS OF APPROVAL, IF ANY: