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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 <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. B-7766

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- Injection Well	7. Unit Agreement Name Lovington San Andres Unit
2. Name of Operator SKILLY OIL COMPANY	8. Farm or Lease Name -----
3. Address of Operator P. O. Box 730 - Hobbs, New Mexico 88240	9. Well No. 59
4. Location of Well UNIT LETTER "L" , 1980 FEET FROM THE South LINE AND 660 FEET FROM THE West LINE, SECTION 36 TOWNSHIP 16S RANGE 36E NMPM.	10. Field and Pool, or Wildcat Lovington San Andres
15. Elevation (Show whether DF, RT, GR, etc.) 3846' DF	12. County Lea

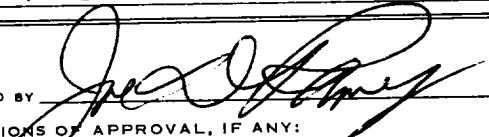
16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>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

Treated down tubing into 4-1/2"OD casing perforations 4666-5034' with 3000 gallons 28% acid and 40 ball sealers, followed with 40 barrels water. Maximum treating pressure 4500#, minimum 4300#; average injection rate 4 barrels per minute. Immediate shutdown pressure 3400#; 3200# in 5 minutes. Hooked up well and injected 202 barrels water at 1700#. Work completed March 28, 1968.

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

SIGNED **(Signed) V. E. Fletcher** TITLE **District Superintendent** DATE **April 1, 1968**

APPROVED BY  TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: