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NEW MEXICO OIL CONSERVATION COMMISSION

AUG 17 1 24 PM '69

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-2359	
7. Unit Agreement Name	
Lovington San Andres Unit	
8. Farm or Lease Name	
Lovington San Andres Unit	
9. Well No.	
47	
10. Field and Pool, or Wildcat	
Lovington San Andres	
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	3. Address of Operator	4. Location of Well	5. Elevation (Show whether DF, RT, GR, etc.)
	Skelly Oil Company	P. O. Box 730 - Hobbs, New Mexico 88240	UNIT LETTER <u>K</u> , <u>1980</u> FEET FROM THE <u>South</u> LINE AND <u>1980</u> FEET FROM THE <u>West</u> LINE, SECTION <u>1</u> TOWNSHIP <u>17S</u> RANGE <u>36E</u> NMPM.	3836' 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"/>

SUBSEQUENT REPORT OF:

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"/> <u>Converted to Injection</u>

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.

Injection was commenced at 6:00 p.m., August 13, 1969.

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

SIGNED <u>(ORIGINAL) V. E. FLETCHER</u>	TITLE <u>District Production Manager</u>	DATE <u>August 15, 1969</u>
APPROVED BY <u>[Signature]</u>	TITLE <u>FOR DISTRICT</u>	DATE <u></u>
CONDITIONS OF APPROVAL, IF ANY:		