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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 checked="" type="checkbox"/>	Fee <input type="checkbox"/>

5. State Oil & Gas Lease No.
B-1334

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"/>	7. Unit Agreement Name - - - - -
2. Name of Operator Skelly Oil Company	8. Farm or Lease Name State AC
3. Address of Operator P. O. Box 1351, Midland, Texas 79701	9. Well No. 1
4. Location of Well UNIT LETTER B 660 FEET FROM THE North LINE AND 1980 FEET FROM THE East LINE, SECTION 20 TOWNSHIP 17S RANGE 35E NMPM.	10. Field and Pool, or Wildcat Vacuum Abo North
15. Elevation (Show whether DF, RT, GR, etc.) 3973.7' GR	12. County Lea

16.

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐
OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☐
OTHER **Pumping and testing Vacuum perfs.** ☒
ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

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.

- On 4-13-74, well resumed pumping and testing Abo perfs 8764-8837' for 6 bbls. oil, 23 bbls. water per day.
- Well is currently pumping and testing Abo perfs. 8764-8837' for 5 bbls. oil, 14 bbls. water per day.
- No additional perforation or treatment has been done on well since 4-12-74.

Note: Further pumping and testing is planned until evaluation is completed for possible additional perforation and treatment in the Vacuum Abo North Pool.

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 **7-10-74**

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: