NO. OF COPIES RECEIVED			Form C-103
DISTRIBUTION			Supersedes Old C-102 and C-103
SANTA FE	NEW MEXICO OIL CON	SERVATION COMMISSION	Effective 1-1-65
FILE			
U.S.G.S.			5a. Indicate Type of Lease
LAND OFFICE			State Fee X
OPERATOR]		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.)			
OIL GAS WELL OTHER-			7. Unit Agreement Name
2. Name of Operator			8. Farm or Lease Name
Skelly 0il Company			Mexico "W"
3. Address of Operator			9. Well No.
P. O. Box 1351, Midland, Texas 79701			2
4. Location of Well			10. Field and Pool, or Wildcat
UNIT LETTER P . 2970 FEET FROM THE SOUTH LINE AND 330 FEET FROM			Eumont
		RANGE 35E NMPM	VIIIIIIIII
mmmmmm	15. Elevation (Show whethe	DE PT CP	
			12. County
		73' DF	Lea
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 PULL OR ALTER CASING	CHANGE PLANS	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS	OTHER	
OTHER Cement squeeze 5-1/2" OD casing X			
1eaks 17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed			
17. Describe Proposed of Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.			
The proposed to account account E 1/2" OD and a 1 1			
It is proposed to cement squeeze $5-1/2$ " OD casing leak.			
1) Move in workover rig.			
 Move in workover rig. Locate leak interval in 5-1/2" OD casing and cement squeeze with 100 sacks cement. 			
3) Drill out cement and clean out to 3900'.			
4) Return well to production status pumping Seven Rivers perfs. 3866-3897'.			
4) Retain well to production status pumping seven kivers peris. 3000-3097.			
18. I hereby certify that the informatio	n above is true and complete to the best	of my knowledge and belief.	
(Signed) D. R. Grow			
SIGNED	D. R. Crow TITLE L	ead Clerk	1-6-75
<u>\$</u> .			
APPROVED BY			DATE

CONDITIONS OF APPROVAL, IF ANY:

JAN 7 100

CL CORS. EVATOR COM.