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NEW MEXICO OIL CONSERVATION COMMISSION

Dec 16 1 02 PM '66

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
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 <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 Akens, Joseph
3. Address of Operator P.O. Box 730, Hobbs, New Mexico		9. Well No. 1
4. Location of Well UNIT LETTER M 660 FEET FROM THE South LINE AND 660 FEET FROM THE WEST LINE, SECTION 3 TOWNSHIP 21 S RANGE 36 E NMPM.		10. Field and Pool, or Wildcat Eunice-Grayburg-S.A.
15. Elevation (Show whether DF, RT, GR, etc.) 3585		12. County Lea

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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> Casing Connections

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.

13" Casing packed and riser brought to surface.

Risers on 9 5/8" and 7" Casing brought to surface

Inspected by L. A. Clements 10-18-66

Verbal approval by Joe Ramey 10-28-66

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

ORIGINAL
SIGNED **H. E. AAB**

SIGNED _____ TITLE **DISTRICT SUPERINTENDENT** DATE **DECEMBER 15, 1966**

H. E. Aab

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

JMB/bh