NO. OF COPIES RECEIVED	j				Form C-103		
DISTRIBUTION					Supersedes Old C-102 and C-103		
SANTA FE NEW MEXICO OIL CONSERVATION COMMISSION					Effective 1-1-65		
FILE		•					
U.S.G.S.				5	a. Indicate Type of		
LAND OFFICE				L	State	Fee X	
OPERATOR				5	, State Off & Gas I	Lease No.	
SUND	ORY NOTICES AND I	REPORTS ON WEL	.LS				
(UO NOT USE THIS FOR FOR FOR FOR PUSE "AMPLIC	ATION FOR PERMIT -" (FOR	M C+191) FOR SUCH PRO	POSALS.)		7//////////////////////////////////////	77777777	
1. OIL - GAS -		•		13	. Unit Agreement F	lan.e	
WELL X WELL L	OTHER-						
2. Name of Operator		•		1	3. Farm or Lease No		
Skelly Oil Company		· · · · · · · · · · · · · · · · · · ·			E. A. Stich	er	
3. Address of Operator				"	2 ¹		
P. O. Box 1351, Midla	<u>nd, Texas 79701</u>				0. Field and Pool,	an Wilder	
4. Location of Well		6	660	} '		or aliacat	
UNIT LETTER	1980 FEET FROM 1	THE South LI	NE AND 660	FEET FROM	Drinkard	mmm	
	•		9717				
THE West Line, Section 4 Township 225 RANGE 37E NMPM							
					12. County		
	111111111111111111111111111111111111111	3445' DF	.1, 011, 010,	1 *	Lea		
	777777					77777777	
Check	Appropriate Box 3	lo Indicate Natur	-				
NOTICE OF	INTENTION TO:		SUB	SEQUENT F	REPORT OF:		
		. []		(1		LJ	
PERFORM REMEDIAL WORK	, PLUG A		EDIAL WORK	님	ALTERING	F-1	
TEMPORARILY ABANDON		<u> </u>	MENCE DRILLING OPNS.		PLUG AND	ASANDONMENT	
PULL OR ALTER CASING	CHANGE		ING TEST AND CEMENT J	QB L			
OTHER Plug back and	treat Drinkard		OTHER			L	
OTHER ILUE DECK CALC	Clear Dirmora	2011					
17. Describe Proposed or Completed	Operations (Clearly state	all pertinent details, a	nd give pertinent date	s, including es	timated date of star	cting any proposed	
work) SEE RULE 1103.							
	•						
1) Move in workover i	rig. Pull rods	and tubing.					
2) Set Bridge Plug at	6518' with cer	ent. plugging	back to 6508'	PBTD.			
3) Fracture treat per	forstions 6444-	6505' with 40.	000 gallons g	elled bri	ne, 50,000#	20/40	
sand using salt ar	d benzoic acid	flakes as dive	rting materia	1 in 3 st	ages.		
4) Clean out to 6508			· ·				
5) Set 2-3/8" OD tub:		£ 6400'.					
6) Return well to pro	ducing status r	umping Drinkar	d perfs. 6444	-65051.			
o, 11000111 wall 50 pm			-				
		•					
		•					
18. I hereby certify that the information	on above is true and com-	lete to the best of my 1	cnowledge and helief.				
10. I hereby Certify that the information	m above is true and comp	and to the best of my F					
(Signed) D. R. Crow	n n a	Ten	i Clark		5	3-76	
(Signed) D. R. Crow	D. K. CTOW	TITLE LOS	T OTRES		DATE		
	Original and a					,	
	Original by		•		,		
APPROVED BY	Jary Section	TITLE			DATE		
CONDITIONS OF ADDROVAL OF AN	June de Dupy,						