DISTRIBUTION					rm C-103 persedes Old
SANTA FE	HEW HEVE	50 AU 60V6		· C-	102 and C-103
FILE	NEW MEXIC	JO OIL CONSI	ERVATION COMMISSION	N EI	fective 1-1-65
U.S.G.S.				5a. Inc	ilcate Type of Lease
LAND OFFICE				ı	rie Fee X
OPERATOR			-		le Oil & Gas Lease No.
					· the ne
COUNTS	CHOTICES AND DE	EDODES ON	VELLE	////	
OUNDY THIS FORM FOR PROP USE "APPLICATIVE USE "APPLICATIVE USE"	Y NOTICES AND RE	EPEN OP FLUG BA	WILLLO CK TO A DIFFERENT RESERVE PROFUSALS.)	otn.	
1.	24 10 1 12 110 11	C-1917 FOR SUCH	PROFUSALS.)		t Agreement Man.e
OIL GAS WELL WELL	OTHER.	•			
2. Name of Operator	·····			8, Far	m or Lease Name
Skelly 011 Company				E.	A. Sticher
3. Address of Operator		·		9. Wel	
P. O. Box 1351, Midland	. Texas 79701	1		3 1	
4. Location of Well	,			10. Fi	eld and Pool, or Wildout
UNIT LETTER K	1830	South	1830	FEET FROM Dr	nkard
VARI CEITER	TEL PROM THE	•	LINE AND	TILL WOM	
THE West LINE, SECTION	4 TOWNS	22	S 24MEE 37E		
THE CINE, SECTION	1 DWN:	3H11:	KANGL	имрм.	
	15, Elevation	(Show whether I	F, RT, GR, etc.)	12, Co	unty (1)
		3447	' DF	Lea	
16. Check A	ppropriate Box To	Indicate Na	ture of Notice, Rep	ort or Other Da	ta
NOTICE OF IN		Indicate 14	-	SEQUENT REPO	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1	000	JEQUENT INEL	
PERFORM REMEDIAL WORK	PLUG AND	ABANDON	REMEDIAL WORK		ALTERING CASING
TEMPORARILY ABANDON	,		COMMENCE DRILLING OPNS.		PLUG AND ASANDONMENT
PULL OR ALTER CASING	CHANGE P	LANS	CASING TEST AND CEMENT J		TEGO AND ADAMBORMER!
			OTHER		
OTHER Plug back and tr	eat Drinkard zo	me. X			
17. Describe Proposed or Completed Ope work) SEE RULE 1 (03.	rations (Clearly state al	l pertinent detai	ls, and give pertinent date	s, including estimate	ed date of starting any proposed
, , , , , , , , , , , , , , , , , , , ,					·
	•		٠.		
1) Move in workover rig	. Pull rods an	d tubing.			
2) Set Bridge Plug at 6			ng back to 6525'	PBTD.	
3) Fracture treat perfs					# 20/40 sand
with salt and benzoi				, ,	• • • • • • • • • • • • • • • • • • • •
4) Clean out to 6509' m			,		
5) Set 2-3/8" OD tubing		6400'.			
6) Return well to produ			kard perfs. 6467	-6509'.	
.,					
		•			
			•		
18. I hereby certify that the information a	bove is true and complet	e to the best of	my knowledge and belief.		
Orange de D. D. Commis					_
(Signed) D. R. Crow	D. R. Crow	TITLE .	Lead Clerk	, DAT	<u>5-3-76</u>
5					
Oal	w. Stand by				
APPROVED BY	G. Serion T. Supv.	TITLE		DAY	E