NO. OF COPIES RECEIVED				Form (2-103
иоттивнтгіа				Super	redes Old
SANTA FE	NEW MEXT	CO OIL CONSERVA	TION COMMISSION		and C-103 ive 1-1-65
FILE	_				. •••
U.S.G.S.	_			Sa. Indica	te Type of Lease
LAND OFFICE				State	Fce X
OPERATOR				5, State C	il & Gas Lease No.
SUND 100 NOT USE THIS FORM FOR PER USE MARRICA	RY NOTICES AND RI	EPORTS ON WEL	LS		
USE MARRITCA	TION FOR PERMIT - " (FERM	C-101) FOR SUCH PROP	OSALS.)		
OIL GAS		•		7. Unit Ac	reement Name
well () well]	OTHER.				
Skelly 011 Company				Baker	Lease Nume
3. Address of Operator				9, Well No	
P. O. Box 1351, Midlar	nd Tevas 79701			6 1	•
4. Location of Well	iu, ienas /J/VI	· · · · · · · · · · · · · · · · · · ·	•		and Pool, or Wildeat
M M	510	South	510	Drink	
UNIT LETTER	FEET FROM THE	LIN	E AND	FEET FROM	
THE West LINE, SECT	10	228	37E		
LINE, SECT	IONTOWN:	5H1P	RANGE	NMPM.	
	15. Elevation	(Show whether DF, R.	l', GR, etc.)	12. County	mmiltititi
		3421' I	F	Lea	
Check	Appropriate Box To	Indicate Nature	of Notice Paper		
	NTENTION TO:	Indicate Tatelle	=	TOF OTHER DATA EQUENT REPORT	r 05.
			30638	EQUENT REPOR	OF:
PERFORM REMEDIAL WORK	PLUG AND	ABANDON REME	DIAL WORK		
TEMPORARILY ABANDON	, , , , , , , , , , , , , , , , , , , ,		TENCE DRILLING OPNS.	H	ALTERING CASING
PULL OR ALTER CASING	CHANGE P	(-)	IG TEST AND CEMENT JOB		PLUG AND ABANDONMENT
		- 1	HER	لبيا	
OTHER Eliminate Gas Flo	ow on intermediat				
casing.			· · · · · · · · · · · · · · · · · · ·		
7. Describe Proposed or Completed Omork) SEE RULE 1703.	perations (Clearly state al	pertinent details, an	d give pertinent dates,	including estimated d	te of starting any proposed
1) Move in workover ri	lg. Pull rods ar	d tubing.			
2) Pressure test 5-1/2	" OD casing to]	.000#	•		•
3) Perforate 5-1/2" OI	casing at T3200	' and set cen	ent retainer a	bove perforat	ions.
4) Cement squeeze perf	s. 3200' with 25	O sacks Class	"C" cement.		
5) Return well to prod	lucing status, pu	mping Drinkar	d perfs. 6415-	-6540'.	
NOTE: The above work	was requested by	Leslie A. Cl	ements, Oil ar	d Gas Inspect	or.
					•
•					
		•			•
			•		
					•
3. I hereby certify that the information	above is true and complete	to the best of my b-	owledge and halinf	·	
me mountain	is true and complete	. to the best of my kn	amrease sua sellei.		
(Signed) D. R. Crow					
GNED			4 24		
	D. R. Crow	TITLE Lead	Clerk	DATE	3-29-76
	D. R. Crow	TITLE Lead	Clerk	DATE	3-29-76
PROVED BY	D. R. Crow	TITLE Lead	Clerk	DATE	3-29-76

CONDITIONS OF APPROVAL, IF ANYI

COWA!