

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

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 Baker "B"
3. Address of Operator P. O. Box 1351, Midland, Texas 79701	9. Well No. 11
4. Location of Well UNIT LETTER 0 4400 FEET FROM THE North LINE AND 1760 FEET FROM THE East LINE, SECTION 10 TOWNSHIP 22S RANGE 37E NMPM.	10. Field and Pool, or Wildcat Drinkard
15. Elevation (Show whether DF, RT, GR, etc.) 3403' DF	12. County Lea

16.

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☐
OTHER ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

OTHER **Add perms. and frac upper Drinkard** ☒

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.

- 1) Move in workover rig.
- 2) Run Gamma Ray Neutron Log 5000-6502'.
- 3) Perforate 5-1/2" OD casing with two holes per foot at 6396-6402', 6411-6418', and 6426-6428'.
- 4) Set retrievable bridge plug 6428-6440' with RTTS packer at 6350'.
- 5) Frac upper Drinkard perms. 6396-6428' with gelled brine.
- 6) Pull bridge plug and packer.
- 7) Return well to production status producing through Drinkard perms. 6396-6480'.

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

SIGNED **(Signed) D. R. Crow** **D. R. Crow** TITLE **Lead Clerk** DATE **5-24-74**

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: