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# NEW MEXICO OIL CONSERVATION COMMISSION

JUL 11 8 05 AM '66

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

5a. Indicate Type of Lease  
State ☐ Fee ☒

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 <b>SKELLY OIL COMPANY</b>	8. Farm or Lease Name <b>J. V. BAKER</b>
3. Address of Operator <b>P.O. BOX 730, HOBBS, NEW MEXICO</b>	9. Well No. <b>9</b>
4. Location of Well UNIT LETTER <b>N</b> <b>766</b> FEET FROM THE <b>South</b> LINE AND <b>2086</b> FEET FROM THE <b>West</b> LINE, SECTION <b>22</b> TOWNSHIP <b>22S</b> RANGE <b>37E</b> N.M.P.M.	10. Field and Pool, or Wildcat <b>DRINKARD</b>
15. Elevation (Show whether DF, RT, GR, etc.) <b>3352 DF</b>	12. County <b>LEA</b>

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

### NOTICE OF INTENTION TO:

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

PLUG AND ABANDON ☐  
CHANGE PLANS ☐

### SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐  
COMMENCE DRILLING OPNS. ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER ☒ **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 3/8" Casing head cut off and full of cement. Risers on 8 5/8" and 5 1/2" Casing brought to surface. Inspected by L. A. Clements July 7, 1966.**

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 **H. E. Aab** TITLE **District Superintendent** DATE **July 8, 1966**

APPROVED BY **Lester A. Clements** TITLE **District Superintendent** DATE **July 8, 1966**

CONDITIONS OF APPROVAL, IF ANY: