

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

O+2 - NMOC-D.P.O. Box 1980 1 - Foreman
Hobbs, NM 88240 1 - WIO's
1 - Engr. 1 - File

Form C-103
Revised 10-1-7

5a. Indicate Type of Lease
State ☐ Fee ☒
5. State Oil & Gas Lease No.

SUNDARY 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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- Injection Wells	7. Unit Agreement Name
2. Name of Operator Getty Oil Company	8. Farm or Lease Name Skelly Penrose B Unit
3. Address of Operator P. O. Box 730 Hobbs, NM 88240	9. Well No. 8
4. Location of Well UNIT LETTER J, 1980 FEET FROM THE South LINE AND 1980 FEET FROM East THE LINE, SECTION 32 TOWNSHIP 22S RANGE 37E NMPM.	10. Field and Pool, or Wildcat Langlie Mattix
15. Elevation (Show whether DF, RT, GR, etc.) 3377' 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 <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	

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. Shut injection and flow well back vigorously.
2. Rig up pulling unit, install BOP, and pull tubing.
3. GIH with workstring, collars, and bit and clean to TD.
4. POH.
5. GIH with workstring and packer. Set packer 80 ft. above top perforation.
6. Acidize with 1500 to 2000 gals. of 60/40 mixture of 15% acid and xylene.
7. Shut in for four hours.
8. Flow back vigorously.
9. Run injection tubing and packer.
10. Place back on injection.

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

SIGNED David R. Crockett TITLE Area Superintendent DATE 9/17/81

APPROVED BY _____ TITLE _____ DATE OCT 9 1981

CONDITIONS OF APPROVAL, IF ANY: