

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-77

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

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

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 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. 5
4. Location of Well UNIT LETTER F, 1980 FEET FROM THE North LINE AND 2310 FEET FROM THE West LINE, SECTION 32 TOWNSHIP 22S RANGE 37E NMPM.	10. Field and Pool, or WHdcat Langlie Mattix
15. Elevation (Show whether DF, RT, GR, etc.) 3364' DF	12. County Lea

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 JOBS ☐
OTHER ☐
ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

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 Dale R. Crockett TITLE Area Superintendent DATE 9/17/81

APPROVED BY TITLE DATE OCT 9 1981

CONDITIONS OF APPROVAL, IF ANY: