

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- Water Injection		7. Unit Agreement Name Skelly Penrose "B" Unit
2. Name of Operator Skelly Oil Company		8. Farm or Lease Name Skelly Penrose "B" Unit
3. Address of Operator P. O. Box 1351, Midland, Texas 79701		9. Well No. 51
4. Location of Well UNIT LETTER B , 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 Wildcat Langlie-Mattix
15. Elevation (Show whether DF, RT, GR, etc.) 3364' DF		12. County Lea

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER Repair parted 8-5/8" OD Casing <input checked="" type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <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) Move in workover rig. Pull tubing and packer.
- 2) Locate parted section of 8-5/8" OD casing and repair.
- 3) Check 5-1/2" OD casing for similar problems and repair if necessary.
- 4) Return well to injection status, injecting Langlie-Mattix perms. 3592-3653'.

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

(Signed) D. R. Crow	D. R. Crow	TITLE Lead Clerk	DATE 3-5-75
SIGNED		TITLE	DATE
APPROVED BY	Joe D. [Signature]	TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:			