NO. OF COPIES RECEIVED				Form C-103		
DISTRIBUTION				Supersedes Old		
SANTA FE	NEW MEXICO	IL CONS	ERVATION COMMISSION	C-102 and C-103 Effective 1-1-65		
FILE				,		
U.S.G.S.				5a. Indicate Type of Leas	e	
LAND OFFICE				State X	Fee	
OPERATOR				5, State Oil & Gas Lease	No.	
				B-1167		
SUNDRY NOTICES AND REPORTS ON WELLS [DO NOT USE THIS FORM FOR PROPOSALS TO ORILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)						
l. OIL GAS WELL WELL	OTHER•	W	ater Injection	7. Unit Agreement Name Skelly Penrose	'B" Unit	
2. Name of Operator				8. Farm or Lease Name		
Skelly Oil Company				Skelly Penrose "B" Unit		
3. Address of Operator P. O. Boyr 1351 Midland Toyrag 70701				9. Well No.		
P. O. Box 1351, Midland, Texas 79701				10. Field and Pool, or Wi	Ideat	
UNIT LETTER B 990 FEET FROM THE NORTH LINE AND 1650 FEET FROM				I anglio-Matti		
THE East LINE, SECTION 32 TOWNSHIP 22S RANGE 37E NMPM.						
15. Elevation (Show whether DF, RT, GR, etc.)				12. County	,//////	
		3	355' DF	Lea		
Check A	Appropriate Box To In-	dicate N	ature of Notice, Report or Otl	ner Data		
NOTICE OF IN	ITENTION TO:		SUBSEQUENT	REPORT OF:		
PERFORM REMEDIAL WORK	PLUG AND ABA	NDON	REMEDIAL WORK	ALTERING CASIN		
TEMPORARILY ABANDON			COMMENCE DRILLING OPNS,	PLUG AND ABANG	THEMPOO	
PULL OR ALTER CASING	CHANGE PLANS	, []	casing test and cement job other Acidize		চি	
OTHER			OTHER TIGHTEE			
 Describe Proposed or Completed Op- work) SEE RULE 1103. 	erations (Clearly state all pe	rtinent deto	rils, and give pertinent dates, including	estimated date of starting of	any proposed	
1) 7 1 (1/01/05		2562	04701 1		100	
			3678' down tubing with 1	.500 gallons /-1/	2% FE	
stabilized acid. F. 2) Treated perforations			er. gallons 15% Homogenized	acid. Flushed w	vith 18	
bbls. water.		,				
3) Returned water to injection status on December 16, 1971, injecting water at a rate of 75						
bbls. per day at 1950 $\#$ into the Queen formation through 4-1/2 $"$ OD casing perforations 3560-						
3678'.						
10 Thombs and final and a later of		ab a b	6 mu beautaday and to to t			
18. I hereby certify that the information	above is true and complete to	ine best o	or my knowledge and belief.			
(Signed) D. R. C	row -	,,, L	ead Clerk	DATE Feb. 3, 1	L972	
SIGNED (SISHED) D. N. C		1166		DATE - DOT 0)		
Joe D. Rames						
APPROVED BY	Orig. Signed by Joe D. Ramey Dist. I, Supp.	ITLE		DATE	4 (45) F	
CONDITIONS OF APPROVAL, IF ANY	-, 2, Supply					

CONDITIONS OF APPROVAL, IF ANY:

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