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NEW MEXICO OIL CONSERVATION COMMISSION

Form OCS-100
 OCS-100 (Rev. 11-10-73)
 OCS-100 (Rev. 11-10-73)

Oil Well Permit No. _____
 Fee

SUNDRY NOTICES AND REPORTS ON WELLS

DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR TO CHANGE TO A DIFFERENT REGION OR TO USE "APPLICATION FOR PERMIT TO DRILL" (FORM OCS-101) FOR PROPOSALS.

<input checked="" type="checkbox"/> OIL WELL	<input type="checkbox"/> GAS WELL	<input type="checkbox"/> OTHER	1. Well Subject and Field Skelly Penrose "A" Unit
2. Name of Operator Skelly Oil Company			3. Field Name Skelly Penrose "A" Unit
4. Address of Operator P. O. Box 1351, Midland, Texas 79701			5. Well No. 5
6. Location of Well			7. Name of Well Langlie-Mattix
UNIT LETTER K	1980	FET FEET FROM THE South	LINE AND 1980
West	LINE, SECTION 33	TOWNSHIP 22S	RANGE 37E
15. Elevation (Show whether DF, RT, GR, etc.) 3350' DF			12. Name of Well Lea

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT ON:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	STOPPING WELL <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPERATIONS <input type="checkbox"/>	RESTART OF WELL <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND REPAIR <input type="checkbox"/>	OTHER Casing Connections <input checked="" type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent wells, and give pertinent well numbers, etc.) (See Rule 1103.)

Riser on 16" and 8-5/8" OD casing brought to surface.
Riser on 8-5/8" and 7" OD casing brought to surface.
Inspected by L. A. Clements January 20, 1975.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.
 (Signed) **D. R. Crow**
 SIGNED **D. R. Crow** TITLE **Lead Clerk** DATE **1-30-75**

APPROVED BY _____ TITLE _____
 CONDITIONS OF APPROVAL, IF ANY: