| OF COPIES RECEIVED | | | Form C-103 |
|--------------------------------------------|----------------------------------------|---------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DISTRIBUTION | NEW MEXICO OIL CONSERVATION COMMISSION | | Supersedes Old C-102 and C-103 |
| SARIAFE | | | Effective 1-1-65 |
| FILE | | | For Indiana Thursday |
| U.S.G.S. | | | Sa. Indicate Type of Lease State Fee. X |
| LAND OFFICE | | | 5, State Oil & Gas Lease No. |
| OPERATOR | | | J. State Off & Gas Lease No. |
| CII | NDRY NOTICES AND R | EDODEC ON WELL C | mmmminik |
| (DO NOT USE THIS FORM FO | | | |
| l. OIL GAS T | 7. Unit Agreement Name | | |
| WELL WELL OTHER- 2. Name of Operator | | | Skelly Penrose "A" Uni |
| | | | |
| Skelly Oil Company 3. Address of Operator | Skelly Penrose "A" Uni | | |
| | 65 | | |
| P. O. Box 1351, Mic | itanu, iexas 1910. | • | 10. Field and Pool, or Wildcat |
| V | 1330 | E South LINE AND 1330 FE | I and i a-Mattiv |
| UNIT LETTER | FEET FROM TH | E JOSETT LINE AND TOTAL FE | ET FROM TOTAL TOTA |
| west | ==crton 33 ==== | SHIP 22S RANGE 37E | NMPM. |
| THE TIGHT LINE, S | | | |
| | 15. Elevation | (Show whether DF, RT, GR, etc.) | 12. County |
| | | KB 2941' | Lea |
| Che | eck Appropriate Box To | Indicate Nature of Notice, Report | or Other Data |
| | OF INTENTION TO: | • | QUENT REPORT OF: |
| | | | |
| PERFORM REMEDIAL WORK | PLUG AN | ABANDON REMEDIAL WORK | ALTERING CASING |
| TEMPORARILY ABANDON | | COMMENCE DRILLING OPNS. | PLUG AND ABANDONMENT |
| PULL OR ALTER CASING | CHANGE | | |
| | | | ID and set $5-1/2$ " OD and X |
| OTHER | | 5-9/16" OD 6 | casing |
| la D | | U portional details, and sive portional dates, is | ncluding estimated date of starting any proposed |
| work) SEE RULE 1103. | ed Operations (eleanly state a | n penimem acians, and give penimem dates, ii | ictually estimated date of starting day proposed |
| | 4 4 | n 1 1 mm . 0 40 | |
| • | | Reached TD at 2:20 p.m. 8-2 | |
| | Sonic, Gamma Ray No | eutron and Density, Laterolog | g, and Microlaterlog |
| 3300-3750'. | /OU OD anders on 63 | 1 1 02 1-1-t- (27051) E 0 | /1611 OD |
| | | .' and 92 joints (3705') 5-9/ | |
| | | Litewate Cement, 200 sacks | |
| | | C 48 hours. Top of cement at | 230 • |
| | | asing to 1500#, held okay. | |
| 6) Resumed complet | ion work. | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 18. I hereby certify that the inform | nation above is true and compl | ete to the best of my knowledge and belief. | |
| | | | |
| (Signed) D. R. Cro | W D. R. Crow | TITLE Lead Clerk | DATE 9-4-74 |
| | | | |
| | Original Superal By | | |
| APPROVED BY | Joe D. Ramey Dist. I, Supy | TITLE | PATE 9 1974 |
| CONDITIONS OF APPROVAL, IF | ANY: Dist. 1, Supy, | | 3 13/4 |
| | | | |