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# NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103  
Supersees Old  
C-102 and C-103

## SUNDRY NOTICES AND REPORT ON WELLS DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR TO RE-ENTER A WELL TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT TO DRILL" (FORM C-101) FOR SUCH PROPOSALS.

|                                                                                                                                                                                                         |                                   |                                |                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|--------------------------------|-----------------------------|
| <input type="checkbox"/> OIL WELL                                                                                                                                                                       | <input type="checkbox"/> GAS WELL | <input type="checkbox"/> OTHER | <b>Water Injection Well</b> |
| Name of Operator<br><b>Skelly Oil Company</b>                                                                                                                                                           |                                   |                                |                             |
| Address of Operator<br><b>P. O. Box 1351, Midland, Texas 79701</b>                                                                                                                                      |                                   |                                |                             |
| Location of Well<br>UNIT LETTER <b>M</b> , <b>660</b> FEET FROM THE <b>South</b> LINE AND <b>660</b> FEET FROM<br>THE <b>West</b> LINE, SECTION <b>32</b> TOWNSHIP <b>23S</b> RANGE <b>37E</b> N.M.P.M. |                                   |                                |                             |

|                                                      |
|------------------------------------------------------|
| <b>B-165</b>                                         |
| Unit Agreement No. <b>Myers Langlie-Mattix</b>       |
| Operator <b>Myers Langlie-Mattix U.</b>              |
| <b>109</b>                                           |
| Field or Sub-field or District <b>Langlie-Mattix</b> |
| <b>Lea</b>                                           |

|                                                                  |
|------------------------------------------------------------------|
| 15. Elevation (Show whether OF, RT, GR, etc.)<br><b>3315' KB</b> |
|------------------------------------------------------------------|

|                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 16. Check Appropriate Box To Indicate Nature of Notice, Request or Other Data                                                                                                                                                  |                                                                                                                                                                                                                                                                       |
| NOTICE OF INTENTION TO:                                                                                                                                                                                                        | SUBSEQUENT REPORT OF:                                                                                                                                                                                                                                                 |
| PERFORM REMEDIAL WORK <input type="checkbox"/><br>TEMPORARILY ABANDON <input type="checkbox"/><br>PULL OR ALTER CASING <input type="checkbox"/><br>OTHER <b>Convert to water injection</b> <input checked="" type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/><br>CHANGE PLANS <input type="checkbox"/><br>REMEDIAL WORK <input type="checkbox"/><br>COMMENCE DRILLING OPER. <input type="checkbox"/><br>CASING TEST AND REPAIR <input type="checkbox"/><br>OTHER <input type="checkbox"/> |

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent data including a flow log if proposed work) SEE RULE 1103.

- 1) Move in workover rig. Pull rods and tubing.
- 2) Clean out 3-1/2" OD casing to 3596'.
- 3) Set 2" OD coated tubing and packer at 3450'.
- 4) Place well on injection status, injecting water through Langlie-Mattix perms. 3498-3506'.

|                                                                                                   |                                           |
|---------------------------------------------------------------------------------------------------|-------------------------------------------|
| 18. I hereby certify that the information above is true and complete to the best of my knowledge. |                                           |
| (Signed) <b>D. R. Crow</b>                                                                        | <b>D. R. Crow</b> TITLE <b>Lead Clerk</b> |
| SIGNED                                                                                            | DATE <b>2-12-75</b>                       |
| APPROVED BY <b>[Signature]</b>                                                                    | TITLE <b>[Signature]</b>                  |
| CONDITIONS OF APPROVAL, IF ANY:                                                                   |                                           |