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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 [x]   Fee [ ]

5. State Oil & Gas Lease No.
B-165

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 [X]   GAS WELL [ ]   OTHER-

7. Unit Agreement Name
Myers Langlie-Mattix Unit

2. Name of Operator
Skelly Oil Company

8. Farm or Lease Name
Myers Langlie-Mattix Unit

3. Address of Operator
P. O. Box 1351, Midland, Texas   79701

9. Well No.
109

4. Location of Well
UNIT LETTER __M__, __660__ FEET FROM THE __South__ LINE AND __660__ FEET FROM
THE __West__ LINE, SECTION __32__ TOWNSHIP __23S__ RANGE __37E__ NMPM.

10. Field and Pool, or Wildcat
Langlie-Mattix

15. Elevation *(Show whether DF, RT, GR, etc.)*
3298' GR

12. County
Lea

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK [ ]
TEMPORARILY ABANDON [ ]
PULL OR ALTER CASING [ ]
PLUG AND ABANDON [ ]
CHANGE PLANS [ ]
OTHER _____ [ ]

SUBSEQUENT REPORT OF:

REMEDIAL WORK [ ]
COMMENCE DRILLING OPNS. [ ]
CASING TEST AND CEMENT JOB [ ]
OTHER __Shut Down__

ALTERING CASING [ ]
PLUG AND ABANDONMENT [ ]
_____ [X]

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.

This well was shut down December, 1972, by the former operator as being uneconomical to operate. The well was taken into the Myers Langlie-Mattix Unit 2-1-74 as a shut down well. Present plans are to place the well under waterflood operations in the last quarter of 1974 or in 1975.

Expires 10/1/75

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

(Signed) J. R. Avent

SIGNED __J. R. Avent__   TITLE __Dist. Admin. Coordinator__   DATE __10-23-74__

APPROVED BY ___Orig. Signed By Joe D Ramey Dist. Supv.___   TITLE _____   DATE _____

CONDITIONS OF APPROVAL, IF ANY: