

NO. OF COPIES RECEIVED
DISTRIBUTION
SANTA FE
FILE
U.S.G.S.
LAND OFFICE
OPERATOR

NEW MEXICO OIL CONSERVATION COMMISSION

Form O-103
Supersedes Old
O-102 and O-103
Effective 1-1-65

5a. Indicate Type of Lease
State ☒ Fee ☐

5. State Oil & Gas Lease No.
B-9521

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 O-101) FOR SUCH PROPOSALS.

1. Kind of Well OIL WELL ☒ GAS WELL ☐ OTHER ☐	7. Unit Agreement Name -----
2. Ownership Skelly Oil Company	8. Farm or Lease Name Hobbs "A"
3. Address of Operator P. O. Box 1351, Midland, Texas 79701	9. Well No. 3
4. Location of Well UNIT LETTER E 1980 FEET FROM THE North LINE AND 660 FEET FROM THE West LINE, SECTION 30 TOWNSHIP 25S RANGE 38E N.M.P.M.	10. Field and Pool, or Wildcat Langlie Mattix
11. Elevation (Show whether DT, RT, GR, etc.) 3070' DF	12. County Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☒	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPER. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOBS ☐	

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1109.

- 1) Move in pulling unit. Pull rods and tubing.
- 2) Set 5-1/2" bridge plug at 3270'.
- 3) Circulate hole with 10.2# mud.
- 4) Spot 35' cement plug on top of bridge plug at 3270'.
- 5) Shoot off and salvage approximately 2500' of 5-1/2" OD casing.
- 6) Spot 100' cement plug across top of 5-1/2" OD casing cut off point.
- 7) Spot 100' cement plug across 8-5/8" OD casing shoe at 993'.
- 8) Spot 10 sack cement plug at surface.
- 9) Set dry hole marker.

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

SIGNED **(Signature) J. R. Avent** TITLE **Dist. Admin. Coordinator** DATE **May 22, 1973**

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: