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NEW MEXICO OIL CONSERVATION COMMISSION C. C.

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

JUL 14 3 28 PM '66

5a. Indicate Type of Lease State <input type="checkbox"/> Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No. -----
7. Unit Agreement Name -----
8. Farm or Lease Name E. Coats
9. Well No. 5
10. Field and Pool, or Wildcat Langlie Mattix
12. County Lea

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER- 2. Name of Operator Skelly Oil Company 3. Address of Operator P. O. Box 730 - Hobbs, New Mexico 4. Location of Well UNIT LETTER "H" 1980 FEET FROM THE South LINE AND 660 FEET FROM THE East LINE, SECTION 3 TOWNSHIP 24-S RANGE 36-E NMPM. 15. Elevation (Show whether DF, RT, GR, etc.) 3385' DF n	7. Unit Agreement Name ----- 8. Farm or Lease Name E. Coats 9. Well No. 5 10. Field and Pool, or Wildcat Langlie Mattix
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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 ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☐
OTHER **Deepening & Treating** ☒
ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

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.

- Moved in and rigged up pulling unit.
- Pulled tubing.
- Ran bit and cleaned out hole to total depth 3659'.
- Drilled new hole from 3659' to 3689'. Total depth 3689'.
- Treated in open hole section 3496-3689' with 5000 gallons 15% Reg. Acid.
- Ran tubing and swabbed well in.
- Well flowed 135 bbls. oil and 2256 bbls. water in 24 hrs. through open tubing.
FTP 70# FCP 650#

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

(ORIGINAL SIGNED) **H. E. Amb**

SIGNED **C)6** TITLE **District Superintendent** DATE **July 13, 1966**

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