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# NEW MEXICO OIL CONSERVATION COMMISSION

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

## 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 type="checkbox"/> OTHER- <input type="checkbox"/>	5a. Indicate Type of Lease State <input type="checkbox"/> Fee <input checked="" type="checkbox"/>
2. Name of Operator <b>Skelly Oil Company</b>	5. State Oil & Gas Lease No.
3. Address of Operator <b>Box 730 - Hobbs, New Mexico</b>	7. Unit Agreement Name <b>Skelly Penrose 'A' Unit</b>
4. Location of Well UNIT LETTER <b>N</b> <b>740</b> FEET FROM THE <b>South</b> LINE AND <b>2000</b> FEET FROM THE <b>West</b> LINE, SECTION <b>3</b> TOWNSHIP <b>23S</b> RANGE <b>37E</b> NMPM.	8. Farm or Lease Name <b>Langlie Mattix</b>
15. Elevation (Show whether DF, RT, GR, etc.) <b>3297' BW</b>	9. Well No. <b>38</b>
	10. Field and Pool, or Wildcat <b>Lea</b>
	12. County <b>Lea</b>

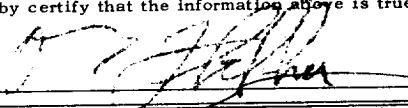

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> <b>Converted to Water Injection</b>

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 rods and tubing. Ran 2" tubing and set packer at **3300'**. Water injection equipment was installed and water will be injected into the Penrose Formation through **open hole section 3370-3630'**

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

SIGNED 	TITLE <b>District Superintendent</b>	DATE <b>December 5, 1967</b>
APPROVED BY 	TITLE	DATE

CONDITIONS OF APPROVAL, IF ANY: