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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

OCT 3 1967

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

5a. Indicate Type of Lease
State ☐ Fee ☒

5. State Oil & Gas Lease No.

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/>	7. Unit Agreement Name Skelly Penrose "A" Unit
2. Name of Operator Skelly Oil Company	8. Farm or Lease Name Langlie Mattix
3. Address of Operator Box 730 - Hobbs, New Mexico	9. Well No. 40
4. Location of Well UNIT LETTER P , 660 FEET FROM THE South LINE AND 660 FEET FROM THE East LINE, SECTION 3 TOWNSHIP 238 RANGE 37-E NMPM.	10. Field and Pool, or Wildcat Langlie Mattix
15. Elevation (Show whether DF, RT, GR, etc.) 3296' RT	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 **Convert well to water injection**

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☐
OTHER ☐

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.

We plan to pull the rods and tubing out of this well. We will then install Water Injection Equipment and inject water through Open Hole Section 3320-3675' into the Penrose Formation.

This well will be a Water Injection Well for the Skelly Penrose "A" Unit, which is operated by Skelly Oil Company.

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

SIGNED

TITLE

District Superintendent

DATE

OCT 3 1967

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: