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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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name <b>Skelly Penrose "A" Unit</b>
2. Name of Operator <b>Skelly Oil Company</b>	8. Farm or Lease Name <b>Langlie Mattix</b>
3. Address of Operator <b>Box 730 - Hobbs, New Mexico</b>	9. Well No. <b>13</b>
4. Location of Well UNIT LETTER <b>B</b> , <b>330</b> FEET FROM THE <b>North</b> LINE AND <b>2310</b> FEET FROM THE <b>East</b> LINE, SECTION <b>3</b> TOWNSHIP <b>23S</b> RANGE <b>37-E</b> NMPM.	10. Field and Pool, or Wildcat <b>Langlie Mattix</b>
15. Elevation (Show whether DF, RT, GR, etc.) <b>3304' DF</b>	12. County <b>Lee</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 <u>Convert well to water injection</u> <input checked="" type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER <input type="checkbox"/>

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 3430-3632' 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 [Signature] TITLE District Superintendent DATE OCT 3 1967

APPROVED BY [Signature] TITLE  DATE

CONDITIONS OF APPROVAL, IF ANY: