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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

AUG 6 7 27 AM '68

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

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	
7. Unit Agreement Name	
Skelly Panrose "B"	
8. Farm or Lease Name	

9. Well No.	
27	
10. Field and Pool, or Wildcat	
Langlie Mattin	
12. County	
Los	

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- Water injection
2. Name of Operator Skelly Oil Company
3. Address of Operator P. O. Box 730, Hobbs, New Mexico 88240
4. Location of Well UNIT LETTER "F" , 1980 FEET FROM THE north LINE AND 1980 FEET FROM THE west LINE, SECTION 5 TOWNSHIP 23S RANGE 37E NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 3357' DF

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 **Squeeze, perforate & acidize** ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
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.

1. Pull injection tubing and packer.
2. Set a wireline cement retainer at 3700'. Run workover tubing and packer stringer.
3. Squeeze cement casing perforations 3718'-3733'. Trip tubing with bit.
4. Drill out cement and cement retainer, and cement to 3766'. Pull tubing & bit.
5. Perforate 5 1/2" OD casing.
6. Run tubing & spot acid. Set packer at 3640'.
7. Treat down tubing through casing perforations.
8. Back flow acid water & ball sealers.
9. Pull treating tubing & packer and run injection tubing & packer.
10. Return to injection status.

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

(ORIGINAL) **W. E. Fletcher**

SIGNED _____

TITLE **District Production Manager**

DATE **8-5-1968**

APPROVED BY **John W. Runyan**

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY: