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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"/>	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>P. O. Box 1351, Midland, Texas 79701</b>	7. Unit Agreement Name
4. Location of Well UNIT LETTER <b>C</b> <b>330</b> FEET FROM THE <b>N</b> LINE AND <b>2310</b> FEET FROM THE <b>W</b> LINE, SECTION <b>5</b> TOWNSHIP <b>23S</b> RANGE <b>37E</b> NMPM.	8. Farm or Lease Name <b>Skelly Penrose "B" Unit</b>
	9. Well No. <b>20</b>
	10. Field and Pool, or Wildcat <b>Langlie Mattix</b>
	12. County <b>Lea</b>
15. Elevation (Show whether DF, RT, GR, etc.) <b>3374 DF</b>	

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 ☐  
OTHER ☐

PLUG AND ABANDON ☐  
CHANGE PLANS ☐

### SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐  
COMMENCE DRILLING OPNS. ☐  
CASING TEST AND CEMENT JOBS ☐  
OTHER **Casing Connections** ☒  
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.

**Riser on 8-5/8" and 5-1/2" casing brought to surface  
Inspected by L. A. Clements 1-6-75**

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

(Signed) D. R. Crow

SIGNED **D. R. Crow**

TITLE **Lead Clerk**

DATE **1-22-75**

APPROVED BY

Orig. Signed By  
**L. A. Clements**

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: