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J.S.G.S.		
LAND OFFICE		
OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION

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

JUL 25 1966

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 Penrose "B"	
8. Farm or Lease Name	
9. Well No.	
38	
10. Field and Pool, or Wildcat	
Langlie Mattix	
12. County	
Lea	

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"/>	2. Name of Operator
Skelly Oil Company	3. Address of Operator
E. O. Box 730 - Hobbs, New Mexico	4. Location of Well
UNIT LETTER "M", 660 FEET FROM THE South LINE AND 1980 FEET FROM THE West LINE, SECTION 5 TOWNSHIP 23-S RANGE 37-E NMPM.	15. Elevation (Show whether DF, RT, GR, etc.)
3343' DF	12. County
	Lea

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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER <input checked="" type="checkbox"/> Convert well to water injection	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 5-1/2" casing perforations. 3579-1688' into the Penrose Formation.

This well will be a Water Injection Well for the Skelly Penrose "B" 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 (ORIGINAL) H. E. Aab TITLE District Superintendent DATE July 22, 1966

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: