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10. OF COPIES RECEIVED		
DISTRIBUTION	NEW MEXICO OIL CONSERNATION COMMISSION	Form C-101
ANTAFE	TUBBS OFFICE O. C. C	Revised 1-1-65
ILE		5A. Indicate Type of Lease
.S.G.S.	Jun 14 11 of AM '67	STATE FEE
AND OFFICE		.5. State Oil & Gas Lease No.
PERATOR		
APPLICATION FO	R PERMIT TO DRILL, DEEPEN, OR PLUG BACK	
Type of Work	9 <u>. </u>	7. Unit Agreement Name
Type of Well	DEEPEN	Skelly Penrose "B" U 8. Farm or Lease Name
OIL GAS WELL		
Name of Operator		9. Well No.
Skelly	011 Goupany	62
Address of Operator		10. Field and Pool, or Wildcat
Box 73	0 - Nobhs, New Nextee	Lenglie Mattix
Location of Well UNIT LETTER		
D 1960 FEET FROM THE	MORE LINE OF SEC. 8 TWP. 238 RGE. 374 N	
		12. County
/////////////////////////////////////	19. Proposed Depth 19A. For	mation 20, Rotary or C.T.
		se Sand Botary
levations (Show whether DF, RT, et	c.) 21A. Kind & Status Plug, Bond 21B. Drilling Contractor	22. Approx. Date Work will start

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
11"	8-5/8"00	244	360'	300	Burface
7-7/8"	5-1/2"	15.54	3275'	1400	
Proposed	4-1/2**	12.60#	3718*	300	

This well is a plugged and abandoned well. We propose to re-enter and drill this well for water injection in the following manner:

1. Drill out coment plugs.

Start water injection

5.

- 2. Clean out and run 4-1/2"00 casing to PHED 3718'. Bun Gemma Ray Neutron Log.
- 3. Re-perforate intervals 3596-3680' with 2 shots per feet and acidine with 1500 gallens regular acid.
- 4. Set tubing and packer at approximately 3546'.

JUPE VILL VALID AND A DAYS UNLESS

COMMENCED,

EXPIRES

IN A BOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUC-TIVE ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

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

Signed SIGNED V. E. Fletcher	Title District Superintendent	Date June 9, 1967
(This space for State Use)	Alter a subsection of the subs	
	TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:	TITLE	DATE