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NEW MEXICO OIL COMMISSION

DEC 9 11 50 AM '66

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 Penrose "B" Unit
8. Farm or Lease Name _____
9. Well No. 49
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 P. O. Box 730, Hobbs, New Mexico
4. Location of Well UNIT LETTER C , 1980 FEET FROM THE North LINE AND 1980 FEET FROM THE East LINE, SECTION 8 TOWNSHIP 238 RANGE 37E NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 3320' KB

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 Clean and return to producing status <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.

This well has temporarily abandoned status. We plan to return this well to production status as follows:

1. Move in and clean out to T.D. 3690'.
2. Run rods and 2" tubing and install pumping equipment.
3. Return well to producing status.

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

(ORIGINAL SIGNED) **H. E. Aab**

SIGNED _____ TITLE **District Superintendent** DATE **December 7, 1966**

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: