

NEW MEXICO OIL CONSERVATION COMMISSION C. O. C.

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LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	
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7. Unit Agreement Name	
Skelly Penrose "B" Unit	
8. Farm or Lease Name	
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9. Well No.	
44	
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 <u>C</u> <u>660</u> FEET FROM THE <u>North</u> LINE AND <u>1980</u> FEET FROM THE <u>West</u> LINE, SECTION <u>8</u> TOWNSHIP <u>23S</u> RANGE <u>37E</u> NMPM.
15. Elevation (Show whether DF, RT, GR, etc.)	3334' DF

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 <u>Prepare well for waterflood response</u> <input checked="" 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.

1. Move in and rig up workover unit.
2. Pull rods and tubing.
3. Clean out to total depth or minimum of 3670'.
4. Run Gamma Ray-Neutron from FBTD to 3400'.
5. Perforate selected intervals as required to open entire section of Penrose Sand Section for waterflood response.
6. Run rods and tubing and put well on pump.

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

SIGNED (ORIGINAL SIGNED) W. E. Fletcher TITLE District Superintendent DATE March 13, 1967

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: _____