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NEW MEXICO MINERAL CONSERVATION COMMISSION

DEC 2 11 34 AM '66

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

5a. Indicate Type of Lease
State ☐ Fee ☒

5. State Oil & Gas Lease No.

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"/>	7. Unit Agreement Name Skelly Penrose "B" Unit
2. Name of Operator Skelly Oil Company	8. Farm or Lease Name _____
3. Address of Operator P. O. Box 730, Hobbs, New Mexico	9. Well No. 57
4. Location of Well UNIT LETTER "B" 660 FEET FROM THE South LINE AND 1980 FEET FROM THE West LINE, SECTION 8 TOWNSHIP 23-S RANGE 37-E NMPM.	10. Field and Pool, or Wildcat Langlie Mattix
15. Elevation (Show whether DF, RT, GR, etc.) 3335' KB	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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <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.

1. Moved in and rigged up Pulling Unit.
2. Ran 3 1/2"OD tubing with overshot and jars.
3. Found top of 2 1/2" tubing at 2974'.
4. Recovered fish to 3624' (6' below 7"OD casing perforations).
5. Set 2 3/8"OD tubing at 3618'.
6. Ran rods and pump.
7. Returned well to a producing status.

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

SIGNED **(ORIGINAL SIGNED) H. E. Aab** TITLE **District Superintendent** DATE **November 30, 1966**

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: