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LAND OFFICE		
OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION, O. C. C.

Nov 28 11 12 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.

7. Unit Agreement Name
Skelly Penrose "B" Unit

8. Farm or Lease Name

9. Well No.
57

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 ☒ GAS WELL ☐ OTHER ☐

2. Name of Operator
Skelly Oil Company

3. Address of Operator
P. O. Box 730, Hobbs, New Mexico

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.

15. Elevation (Show whether DF, RT, GR, etc.)
3335' KB

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☒ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOBS ☐ OTHER ☐

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.

The 2 1/2"OD tubing in this well has parted at approximately 2969'. We now plan to return this well to a producing status in the following manner:

1. Move in and rig up workover rig.
2. Pick up 3 1/2"OD tubing string and overshot with jars.
3. Run Freepoint Indicator and cut off tubing with chemical cutter.
4. Run wash pipe, wash over fish and recover tubing.
5. Clean well out to P.B.T.D. 3647'.
6. Run 2 3/8"OD tubing and rods with pump.
7. Return 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 23, 1966**

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

