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FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

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- 2. Name of Operator Skelly Oil Company 3. Address of Operator P. O. Box 1351, Midland, Texas 79701 4. Location of Well UNIT LETTER P , 330 FEET FROM THE South LINE AND 330 FEET FROM THE East LINE, SECTION 8 TOWNSHIP 23S RANGE 37E N.M.P.M. 15. Elevation (Show whether DF, RT, GR, etc.) 3336' DF	7. Unit Agreement Name Skelly Penrose "B" Unit 8. Farm or Lease Name Skelly Penrose "B" Unit 9. Well No. 59 10. Field and Pool, or Wildcat Langlie Mattix 12. County Lea
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Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

OTHER **Convert to injection** ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
OTHER ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

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 pulling unit. Pull rods and tubing.
- 2) Clean out to 3621' PBTD.
- 3) Run 2-3/8" OD cement lined tubing.
- 4) Circulate with water treated with corrosion inhibitors.
- 5) Set packer at approximately 3440'.
- 6) Connect to injection system.
- 7) Commence injection through Queen perforations 3490-3590'.

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

SIGNED **D. R. Crow** TITLE **Lead Clerk** DATE **12/18/73**

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: