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OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

DEC 1 11 48 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"	
8. Farm or Lease Name	
9. Well No. 59	
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 790, Hobbs, New Mexico
4. Location of Well UNIT LETTER "P" 330 FEET FROM THE South LINE AND 330 FEET FROM THE East LINE, SECTION 8 TOWNSHIP 23-S RANGE 37-E NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 3336' DF

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER Well Status Report <input checked="" 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 1705.

This well was taken into the Skelly Penrose "B" Unit on July 1, 1966, as a Temporarily Abandoned Well. We plan to return this well to a producing status during the next 3 months.

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 **NOV 30 1966**

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