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NEW MEXICO OIL CONSERVATION COMMISSION

AUG 7 7 27 AM '68

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 730 - Hobbs, New Mexico 88240 4. Location of Well UNIT LETTER L 1980 FEET FROM THE South LINE AND 660 FEET FROM THE West LINE, SECTION 9 TOWNSHIP 23S RANGE 37E NMPM. 15. Elevation (Show whether DF, RT, GR, etc.) 3324 DF	7. Unit Agreement Name Skelly Penrose "B" 8. Farm or Lease Name ----- 9. Well No. 54 10. Field and Pool, or Wildcat Langlie Mattix 12. County Lea
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16.

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

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

PLUG AND ABANDON ☐
CHANGE PLANS ☐

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

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

OTHER **Convert to Water Injection** ☒

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.

We plan to pull the rods and tubing out of this well. We will then install Water Injection Equipment and inject water through 5-1/2"OD casing perforations 3523'-3636' into the Penrose Formation.

This will be a water injection well for the Skelly Penrose "B" Unit, which is operated by Skelly Oil Company.

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

(ORIGINAL)
(SIGNED) **V. E. Fletcher**

SIGNED _____ TITLE **District Production Manager**

DATE **8-5-68**

APPROVED BY

John W. Runyan

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: