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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 <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
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 - M" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-	7. Unit Agreement Name
2. Name of Operator <b>Skelly Oil Company</b>	8. Farm or Lease Name <b>Skelly Penrose "B" Unit</b>
3. Address of Operator <b>P. O. Box 1351, Midland, Texas 79701</b>	9. Well No. <b>60</b>
4. Location of Well UNIT LETTER <b>M</b> <b>660</b> FEET FROM THE <b>S</b> LINE AND <b>660</b> FEET FROM THE <b>W</b> LINE, SECTION <b>9</b> TOWNSHIP <b>23S</b> RANGE <b>37E</b> N.M.P.M.	10. Field and Pool, or Wildcat <b>Langlie Mattix</b>
11. Elevation (Show whether DF, RT, GR, etc.) <b>3331 RT</b>	12. County <b>Lea</b>

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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPER. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER <b>Casing Connections</b> <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 1123.

**Riser on 9-5/8" and 5-1/2" casing brought to surface**  
**Inspected by L. A. Clements 1-6-75**

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

SIGNED <b>(Signed) D. R. Crow</b>	TITLE <b>D. R. Crow</b>	DATE <b>1-22-75</b>
APPROVED BY _____ TITLE _____ DATE _____		
CONDITIONS OF APPROVAL, IF ANY:		