NO. CF COPIES RECEIVED			Form C-103
DISTRIBUTION			Supersedes Old
SANTA FE	NEW MEXICO OIL CONSERVATION (COMMISSION	C-102 and C-103
FILE	NEW MEXICO DIE CONSERVATION (JUMMISSIUN	Effective 1-1-65
U.S.G.S.			5a. Indicate Type of Lease
OPERATOR			5. State Oll & Gas Lease No.
			c. ordre off & Gds Ledse No.
SUNDRY	NOTICES AND REPORTS ON WELLS ALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFE FOR PERMIT - " (FORM C-101) FOR SUCH PROPALS.)		
	FOR PERMIT -** (FORM C-101) FOR SUCH PROPOSALS.)	RENT RESERVOIR.	
			7. Unit Agreement Name
WELL WELL	OTHER- Water Injection	Skell	v Penrose "A" Unit
2. Name of Operator	-		8, Furm or Lease Name
Skelly 011 Company		Skell	Penrose "A" Unit
3. Address of Operator			9. Well No.
P. O. Box 1351, Midland, 4. Location of Well	Texas 79701		50
4. Location of Well			10. Field and Pool, or Wildcat
UNIT LETTER F 198	FEET FROM THE North_ LINE AND	1080 FEET FROM	I analda_Massda
THELINE, SECTION	10	378	
	15. Elevation (Show whether DF, RT, GR, e	-tc.)	12. County
	22061 77		
16. Check Apr	propriate Box To Indicate Nature of No	tice Report or Oth	Lea
NOTICE OF INTE		SUBSEQUENT	
		SUBSEQUENT	REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WO	R K	ALTERING CASING
TEMPORARILY ABANDON	COMMENCE DR	ILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS CASING TEST	AND CEMENT JOB	
	OTHER		
OTHER Install, cement &			

work) SEE RULE 1103.

1) Move in pulling unit. Pull injection tubing and packer.

2) Clean out to TD 3625'.

3) Run 5" OD liner inside of 7" OD casing 3225-3625'.

4) Cement liner and allow to set 24 hours.

5) Clean out inside of 5" OD liner to approximately 3620'.

6) Spot 500 gallons of 7-1/2% acid and run Gamma Ray-Neutron Log from PBTD to 2600'.

7) Perforate 5" OD liner with one shot per foot as indicated by Gamma Ray-Neutron Log.

8) Treat perforated interval with 750 gallons of 15% acid.

9) Run 2-3/8" OD cement lined injection tubing, circulate with water treated with inhibitors and set packer at approximately 3300'.

10) Hook well to injection system and resume injection.

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	CATE April 16, 1973	
	.,			
APPROVED BY		T:TLE	DATE	
CONDITIONS OF APPROVAL, IF ANY:				