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LAND OFFICE	
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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 ☒ Fee ☐

5. State Oil & Gas Lease No.
B-9521

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 ☐ GAS WELL ☐ OTHER	7. Unit Agreement Name
2. Name of Operator	8. Farm or Lease Name
Skelly Oil Company	Hobbs "A"
3. Address of Operator	9. Well No.
P. O. Box 1351, Midland, Texas 79701	2
4. Location of Well	10. Field and Pool, or Wellbore
UNIT: LETTER C 660 FEET FROM THE North LINE AND 1980 FEET FROM West LINE, SECTION 30 TOWNSHIP 25S RANGE 38E N.M.P.M.	Langlie Mattix
11. Elevation (Show whether DF, RT, GR, etc.)	12. County
3079' DF	Lea

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

NOTICE OF INTENTION TO:

P. REPAIR REMEDIAL WORK	☐
T. IMPROPERLY ABANDON	☐
P. PLUG OR ALTER CASING	☐
OTHER	☐

PLUG AND ABANDON	☒
CHANGE PLANS	☐

SUBSEQUENT REPORT OF:

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

ALTERING CASING	☐
PLUG AND ABANDONMENT	☐

13. Narrative: 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) Set 5-1/2" bridge plug at 3360'.
- 3) Circulate hole with 10.2# mud.
- 4) Spot 35' cement plug on top of bridge plug 3360'.
- 5) Shoot off and salvage approximately 2300' of 5-1/2" OD casing.
- 6) Spot 100' cement plug across top of 5-1/2" OD casing cut off point.
- 7) Spot 100' cement plug across 8-5/8" OD casing shoe at 1021'.
- 8) Spot 10 sack cement plug at surface.
- 9) Set dry hole marker.

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

SIGNED J. R. Avent TITLE Dist. Admin. Coordinator DATE May 22, 1973

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: