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U.S.G.S.	
LAND OFFICE	
OPERATOR	

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 - 1" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input type="checkbox"/>	GAS WELL <input type="checkbox"/>	OTHER- Water Supply
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7. Unit Agreement Name

2. Name of Operator
SKELLY OIL COMPANY

8. Farm or Lease Name
Jal Water System

3. Address of Operator
P. O. Box 730 - Hobbs, New Mexico 88240

9. Well No.
3

4. Location of Well	
UNIT LETTER "N"	1313 FEET FROM THE South LINE AND 1327 FEET FROM
THE West LINE, SECTION 4	TOWNSHIP 24S RANGE 36E N.M.P.M.

10. Field and Pool, or Wildcat

15. Elevation (Show whether DF, RT, GR, etc.)	
Unknown	

12. County
Lea

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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPS. <input checked="" type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input 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 1103.
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Well spudded January 30, 1968 with rotary tool.

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

SIGNED (Signed) V. E. Fletcher TITLE District Superintendent DATE January 31, 1968

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: