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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

JUL 17 11 54 AM '69

5a. Indicate Type of Lease
State ☐ Fee ☒

5. State Oil & Gas Lease No.
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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- <input type="checkbox"/>	7. Unit Agreement Name W. Dollarhide Drinkard Unit
2. Name of Operator Skelly Oil Company	8. Farm or Lease Name W. Dollarhide Drinkard Unit
3. Address of Operator P. O. Box 730 - Hobbs, New Mexico 88240	9. Well No. 5
4. Location of Well UNIT LETTER F 2310 FEET FROM THE North LINE AND 2310 FEET FROM THE West LINE, SECTION 19 TOWNSHIP 24S RANGE 38E NMPM.	10. Field and Pool, or Wildcat Dollarhide Tubb-Drinkard
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:

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

PLUG AND ABANDON ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

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

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.

- 1) Move in and rig up pulling unit.
- 2) Pull rods and tubing.
- 3) Run tubing and set packer.
- 4) Rig down and connect to injection system.
After Reservoir begins to pressure up, then:
- 5) Rig up pulling unit and pull tubing and packer.
- 6) Run tubing with bit and clean out to T. D.
- 7) Pull tubing and bit.
- 8) Run tubing and set packer.
- 9) Fill annulus with inhibited fluid.

ILLEGIBLE

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

SIGNED *[Signature]*

TITLE **District Production Mgr.**

DATE **7-15-69**

APPROVED BY *[Signature]*

TITLE **SUPERVISOR DISTRICT I**

DATE **JUL 16 1969**

CONDITIONS OF APPROVAL, IF ANY: