NO. OF COPIES RECEIVED	1	۰.	_	
DISTRIBUTION	-		Form C-103 Supersedes Old	
SANTA FE			C-102 and C-103	
FILE	NEW MEXICO OIL CONSERV	ATION COMMISSION	Effective 1-1-65	
<u>├</u>	-		5a. Indicate Type of Lease	
U.S.G.S.	-			
	-			
OPERATOR			5, State Oil & Gas Lease No.	
			B-9519	
(DO NOT USE THIS FORM FOR PR USE "APPLICA"	RY NOTICES AND REPORTS ON WE	LLS TO A DIFFERENT RESERVOIR. OPOSALS.)		
1			7. Unit Agreement Name	
OIL GAS WELL WELL	OTHER. Water Inject	ion West	Dollarhide Drinkard Uni	
2. Name of Operator			8, Farm or Lease Name	
Skelly Oil Company		West	Dollarhide Drinkard Uni	
3. Address of Operator	······································		9. Well No.	
P. O. Box 1351, Midland, Texas 79701			35	
4. Location of Well	······································		10. Field and Pool, or Wildcat	
N	660 South	1980	Dollarhide Tubb-Drinkar	
UNIT LETTER , ,	FEET FROM THE L	INE AND FEET FROM		
West	29 TOWNSHIP 24S	<b>38</b> E		
THELINE, SECT	ON TOWNSHIP	RANGE NMPM.		
	15. Elevation (Show whether DF,	RT_CR_etc.)	12. County	
X/////////////////////////////////////	3217		Lea	
( <u> </u>				
Check	Appropriate Box To Indicate Natu	re of Notice, Report or Oth	er Data	
NOTICE OF 1	NTENTION TO:	SUBSEQUENT	REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	MEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANDON	co	MMENCE DRILLING OPNS.	PLUG AND ABANDONMENT	
PULL OF ALTER CASING	CHANGE PLANS CA	SING TEST AND CEMENT JOB		
		OTHER Temporary Abandon	nment X	
OTHER				
12 Departies Departed on Completed O		and the master and determined in the		

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 1703.

In an attempt to lower the packer in this well to confine injection to the Tubb and lower portion of the Drinkard zones, water broke around.

A liner is proposed for this well to eliminate injection into the Tubb Zone and the upper portion of the Drinkard Zone.

Well was shut in on June 22, 1971, and we propose leaving it shut in until remedial work permits correction of the injection interval.

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

<u>--</u> مرد

SIGNED (Signed) J. R. Avent	Dist. Adm. Coordinator	DATE July	2, 1971
APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	SUPERVISOR DISTRICT	DATE JUL	6 1971

## RECEIVED

JUL - 6 1971 OIL CONSERVATION COMM, HOBBS, N. M.