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NO. OF COPIES RECEIVED		Form C-103 Supersedes Old
DISTRIBUTION		Supersedes Old C-102 and C-103
SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION	Effective 1-1-65
FILE		
U.S.G.S.		5a. Indicate Type of Lease
LAND OFFICE		State 📕 🛛 Fee.
OPERATOR		5. State Oil & Gas Lease No.
		B-9519
SUNDRY	NOTICES AND REPORTS ON WELLS	
(DO NOT USE THIS FORM FOR PROPO USE **APPLICATION	SALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. N FOR PERMIT -** (FORM C-101) FOR SUCH PROPOSALS.)	
1.		7. Unit Agreement Name
OIL GAS WELL WELL OTHER-		West Dollarhide Drkd.U.
2. Name of Operator		8. Farm or Lease Name
Skelly Oil	Company	West Dollarhide Drkd.U.
3. Address of Operator	9. Well No.	
P. O. Box 1	37	
4. Location of Well	10. Field and Pool, or Wildcat	
	560 FEET FROM THE <b>SOUCH</b> LINE AND 660 F	EET FROM Dollarhide Tubb-Drinker
UNIT LETTER,,	FEET FROM THE CINE AND T	
east	29 TOWNSHIP 245 RANGE 388	NMPM. (()))))))))))))))))))))))))))))))))))
THE <b>CASE</b> LINE, SECTION	KANGE TOWNSHIP SE KANGE	
	15. Elevation (Show whether DF, RT, GR, etc.)	12. County
	3219; DF	Les
NOTICE OF INT	PLUG AND ABANDON REMEDIAL WORK COMMENCE DRILLING OPNS. CHANGE PLANS CASING TEST AND CEMENT JQB	ALTERING CASING
PULL OR ALTER CASING		water injection X
OTHER		
17. Describe Proposed or Completed Oper	rations (Clearly state all pertinent details, and give pertinent dates,	including estimated date of starting any proposed
work) SEE RULE 1103.	p workover rig 9-16-69.	
2) Pulled rods and tubing	R•	
3) Ran tubing, connected	to injection system and began pressuring	up on Sept. 16, 1969.
4) Moved in and rigged up	p workover rig Nov. 4, 1969.	-
5) Pulled tubing.		
	OD cement-lined tubing; set packer at 609	0'.
7) Loaded casing annulus	behind tubing with water treated with in	hibitors.
8) Hooked well to inject	ion system 11-6-69.	
9) Began injecting water	11-6-69, into perforations 6333-6720', o	f the Drinkard formation.
>/ <b>20800 20</b> ]000010		
This is a water injec Skelly Oil Company.	tion well for the West Dollarhide Drinkar	d Unit operated by

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

SIGNED J. R. AVENT	TITLE	District Office Manager	DATE NOV	. 11, 1969
1.6 King	TITLE		DATE	
CONDITIONS OF APPROVAL, IF ANY:				