NO. OF COPIES RECEIVED				
DISTRIBUTION				Form C+103 Supersedes Old
				C-102 and C-103
SANTA FE		SERVATION COMMISSION		Effective 1-1-65
U.S.G.S.				5a, Indicate Type of Lease
LAND OFFICE				State X Fee
OPERATOR				5, State Oll & Gas Lease No.
				B-9311
(DO NOT USE THIS FORM FOR F USE "APPLIC				
				7, Unit Agreement Name
OIL GAS WELL WELL	OTHER. Water Inje	ction We	est Do	larhide Drinkard Unit
2. Name of Operator				8, Farm or Lease Name
Skelly Oil Compan	larhide Drinkard Unit			
3. Address of Operator	9, Well No.			
P. O. Box 1351, M	71			
4. Location of Well	10. Field and Pool, or Wildcat			
UNIT LETTER P	Dollarhide Tubb-Drinkard			
THELINE, SEC	TION 32 TOWNSHIP 245	S	NMPM.	
Δ1111/11/11/11/11/11/11/11/11/11/11/11/1	12. County			
AIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII				Lea ()////////////////////////////////////
<sup>16.</sup> Check	Appropriate Box To Indicate N	ature of Notice. Repor	t or Oth	er Data
				REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	Π	ALTERING CASING
TEMPORARILY ABANDON		COMMENCE DRILLING OPNS.	Ē	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT JOB		
		OTHER		<b>[</b> ]
OTHER Install liner	X			
		<u> </u>		

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 1 103.

To confine injection to the main Drinkard and upper Abo zones, we propose the following:

- 1) Move in workover rig and pull tubing and packer.
- 2) Clean out to 6900'.
- Run 4" OD liner and set top of liner inside 5-1/2" OD casing at 5800' with TIW Type "L" 3) hanger, bottom of liner will be at 6900'. Cement liner.
- 4) Run Temperature log and if it indicates cement did not circulate, squeeze top of liner.
- 5) Clean out inside liner to 6800'.
- Spot 500 gallons 7-1/2% acid and run Gamma Ray log 6800' 5800'. 6)
- Perforate 4" OD liner in main Drinkard and upper Abo zones as indicated by Gamma Ray Neutron 7) log.
- 8) Run internally-lined tubing and set packer at 5750'.
- Treat perforated interval with 1500 gallons 15% acid and ball sealers. 9)
- 10) Connect well to injection system and resume injection.

18. I hereby	certify that the information above is true and comp	lete to the best of my knowledge and belief.			
SIGNED	(Signed) D. R. Grew	Lead Clerk	DATE_	Dec. 2,	1971
APPROVED BY		TITLE	DATE	•	ą ( <u>1</u> 977)
-	S OF APPROVAL, IF ANY:		•		

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