| NO. OF COPIES RECEIVED DISTRIBUTION SANTA FE FILE | NEW MEXICO OIL CONSERVATION COMMISSION | Form C-103 Supersedes Old C-102 and C-103 Effective 1-1-65 |
|--|---|---|
| U.S.G.S. | - | 5a. Indicate Type of Lease |
| LAND OFFICE | - | State 🗶 🛛 🛛 Fee |
| OPERATOR | | 5. State Oll & Gas Lease No. B-9613 |
| (DO NOT USE THIS FORM FOR PR USE **APPLICA* | RY NOTICES AND REPORTS ON WELLS OPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR TION FOR PERMIT - " (FORM C-101) FOR SUCH PROPOSALS.) | a. 7. Unit Agreement Name |
| 2. Name of Operator | OTHER- Water Injection | 8. Form or Lease Name |
| Skelly Oil Company | 1 | West Dollarhide Drinkard Unit |
| 3. Address of Operator | | 9, Well No. |
| P. O. Box 1351, Midl | 53 | |
| 4. Location of Well | | 10. Field and Pool, or Wildcat |
| UNIT LETTER | 2310 FEET FROM THE NORTH LINE AND 1980 | FEET FROM Dollarhide Tubb-Drinkar |
| | 22 240 240 207 | NMPM. |
| | 12. County | |
| | 3181' DF | Lea |
| ^{16.} Check | Appropriate Box To Indicate Nature of Notice, Report | rt or Other Data |
| | | EQUENT REPORT OF: |
| PERFORM REMEDIAL WORK | PLUG ANE ABANDON REMEDIAL WORK COMMENCE DRILLING OPNS. CHANGE PLANS CASING TEST AND CEMENT JOB OTHER <u>Shut off W</u> 8-5/8" OD & 5-1/ | ster flow between X |

17. Describe Proposed or Completed Operations (Clearly state a'l pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

- 1) Moved in workover rig 3-4-74.
- 2) Pumped 325 sacks Class H cement into 8-5/8"-5-1/2" OD casing annulus.
- 3) Displaced cement to 16' below casinghead with 1/2 bbl. water.
- 4) Returned well to injection status 3-6-74 injecting Drinkard perfs. 6478-6650' at the rate of 490 bbls. water per day at 1600# pressure.

Water flow between 8-5/8" OD and 5-1/2" OD casing was successfully shut off by squeezing annulus with cement. Depth of water flow unknown.

| (Signed) D. R. Crow | D. R. Crow | TITLE Lead Clerk | DATE 4-30-74 |
|--------------------------------|---|------------------|--------------|
| APPROVED BY | Crig. Signed by Joe D. Ramer Dist. I, Supv. | | DATE |
| CONDITIONS OF APPROVAL, IF ANY | | | |

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