	2		
NO. OF COPIES RECEIVED	· ·	N 5	Form C-103
DISTRIBUTION	1	-	Supersedes Old
SANTA FE	NEW MEXICO OIL CONSER	VATION COMMISSION	C-102 and C-103 Effective 1-1-65
FILE	-		Encentre 1-1-03
U.S.G.S.	7		5a. Indicate Type of Lease
LAND OFFICE	7		State 🗶 Fee
OPERATOR	7		5. State Oil & Gas Lease No.
			B-9613
(DO NOT USE THIS FORM FOR PR USE "APPLICA	RY NOTICES AND REPORTS ON WE ROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TION FOR PERMIT -" (FORM C-101) FOR SUCH PI	LLS TO A DIFFERENT RESERVOIR. ROPOSALS.)	
			7. Unit Agreement Name
WELL WELL	OTHER- Water Injection	Well	W.Dollarhide Drinkard U.
2. Name of Operator			8. Farm or Lease Name
Skelly Oil Company			W.Dollarhide Drinkard U.
3. Address of Operator			9. Well No.
P. O. Box 730, Hob	bs, New Mexico 88240		53
4. Location of Well	10. Field and Pool, or Wildcat		
UNIT LETTER F,	2310 FEET FROM THE North	LINE AND FEET FRO	Dollarhide Tubb-Drinkard
THE West LINE, SECT	10N 32 TOWNSHIP 24S	RANGE 38E NMPN	
	15. Elevation (Show whether DF, 3181⁴ DF		12. County
	Appropriate Box To Indicate Nature NTENTION TO:		ther Data T REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	EMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON		OMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING		ASING TEST AND CEMENT 105	PLOG AND ABANDONMENT
		DTHER Convert to wate	r injection x
OTHER			
· · · · · · ·			
 Describe Proposed or Completed C work) SEE RULE 1 103. 	operations (Clearly state all pertinent details,	, and give pertinent dates, includin	g estimated date of starting any proposed
·	d up workover rig September	28, 1969, Pulled ro	ds and nump.
	ection system and began pre	÷	• •
	d up workover rig August 17		
	ng internally coated with T		
Tension-type packes			
	lus behind tubing with wate	r treated with inhibi	tors.
	ection system and began inj		
	7' and 6355' - 6566' and op		

This is a water injection well for the West Dollarhide Drinkard Unit, operated by Skelly Oil Company.

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

S I G N E D	(Signed) J. R. Avent		Title	Dist. Adm. Coordinator			DATE August 20, 1970	
APPROVED BY _ CONDITIONS		PROVAL, IF ANY:	TITLE		<u>,</u>	n en se de	DATE	