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NEW MEXICO OIL CONSERVATION COMMISSION

O. C. C.

JUL 17 11 55 AM '69

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease
State **XX**   Fee ☐

5. State Oil & Gas Lease No.
B-9613

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.
USE "APPLICATION FOR PERMIT —" (FORM C-101) FOR SUCH PROPOSALS.)

1.
OIL WELL **X**   GAS WELL ☐   OTHER-

7. Unit Agreement Name
W. **Dollarhide Drinkard Unit**

2. Name of Operator
Skelly Oil Company

8. Farm or Lease Name
W. **Dollarhide Drinkard Unit**

3. Address of Operator
P. O. Box 730 – Hobbs, New Mexico 88240

9. Well No.
43

4. Location of Well

UNIT LETTER **B** , **660** FEET FROM THE **North** LINE AND **1980** FEET FROM

10. Field and Pool, or Wildcat
Dollarhide Tubb-Drinkard

THE **East** LINE, SECTION **32** TOWNSHIP **24S** RANGE **38E** NMPM.

15. Elevation *(Show whether DF, RT, GR, etc.)*
Unknown

12. County
Lea

16.
Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐		COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	CHANGE PLANS ☐	CASING TEST AND CEMENT JOB ☐	
		OTHER _____	☐

OTHER **Convert to water injection**   **X**

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 1103.

1) Move in and rig up pulling unit.

2) Pull rods and tubing.

3) Run tubing and set packer.

4) Rig down and connect to injection system.

   After Reservoir begins to pressure up, then:

5) Rig up pulling unit and pull tubing and packer.

6) Run tubing with bit and clean out to T. D.

7) Pull tubing and bit.

8) Run tubing and set packer.

9) Fill annulus with inhibited fluid.

ILLEGIBLE

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

SIGNED _____   TITLE **District Production Mgr.**   DATE **7-15-69**

SUPERVISOR DISTRICT #

APPROVED BY _____   TITLE _____   DATE **JUL 18 1969**

CONDITIONS OF APPROVAL, IF ANY: