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NEW MEXICO OIL CONSERVATION COMMISSION

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

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	

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 - A" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Skelly Oil Company	8. Farm or Lease Name Mexico J
3. Address of Operator Box 730 - Hobbs, New Mexico	9. Well No. 9
4. Location of Well UNIT LETTER J , 1980 FEET FROM THE South LINE AND 1980 FEET FROM THE East LINE, SECTION 32 TOWNSHIP 24S RANGE 38E NMPM.	10. Field and Pool, or Wildcat Dollarhide Brinkard
15. Elevation (Show whether DF, RT, GR, etc.) 3195' DF	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 <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> Full Packer	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
		OTHER <input type="checkbox"/>	

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 Workover Rig.
2. Full tubing.
3. Latch into and pull retrievable bridge plug set at 6340'.
4. Clean well out to approximately 6860'.
5. Run tubing and rods.
6. Return well to a producing status.

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

SIGNED (SIGNED) TITLE **District Superintendent** DATE **May 13, 1967**

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: