		Form C-103
NO. OF COPIES RECEIVED		Supersedes Old C=102 and C=103
DISTRIBUTION	NEW MEXICO OIL CONSERVATION CO	
SANTA FE	NEW MEXICO OIE CONSERVITOR OF	
FILE		5a, Indicate Type of Lease
U.S.G.S.		State X Fee
LAND OFFICE		5. State Oil & Gas Lease No.
OPERATOR		B-9974
(DO NOT USE THIS FORM USE **A	SUNDRY NOTICES AND REPORTS ON WELLS FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFER PPLICATION FOR PERMIT (FORM C-101) FOR SUCH PROPOSALS.)	RENT RESERVOIR. 7. Unit Agreement Name
1. 01L TY GAS	OTHER-	
WELL CAS	8. Farm or Lease Name	
2. Name of Operator		Mattix "A"
Skelly Oil Compa	any	9, Well No.
3. Address of Operator	70701	8
P. 0. Box 1351,	10. Field and Pool, or Wildcat	
4. Location of Well	Grath	1980 Langlie Mattix
UNIT LETTER N	. 660 FEET FROM THE South LINE AND	1900 FEET FROM
	e, section 2 township 24S range _	37E MARY (1111)
THE West LIN		
mmmm	etc.) 12. County	
	Not Available	Lea
16. (Check Appropriate Box To Indicate Nature of No	otice, Report or Other Data
	E OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WO	
TEMPORARILY ABANDON		HILLING OPNS:
PULL OR ALTER CASING	CHANGE PLANS CASING TEST	Temporary Abandonment
OTHER		in the section of starting any propose
17. Describe Proposed or Com work) SEE RULE 1103.	pleted Operations (Clearly state all pertinent details, and give	pertinent dates, including estimated date of starting any propose

Production has declined to .6 bbls. oil, .6 MCF gas and no water per day on this well, making it uneconomical to operate.

We propose to temporarily abandon it by shutting it in on April 1, 1972, and leaving it shut in until the proposed Meyers Langlie Mattix Unit becomes effective, at which time it will be included in the Unit.

_		the the bast of my knowledge and belief.			
18. I hereby certify th	at the information above is true and comple	te to the best of my knowledge and belief.			
	·,	TITLE Lead Clerk	DATE_	April :	3, 1972
SIGNED					
	Orig. Signed by		DATE	APR	5 1972
APPROVED BY	Joe D. Ramey Dist. I, Supv.	TITLE			
CONDITIONS OF AP	PROVAL, IF ANY:				

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