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NEW MEXICO OIL CONSERVATION COMMISSION

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

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/>	5a. Indicate Type of Lease State <input type="checkbox"/> Fee <input checked="" type="checkbox"/>
2. Name of Operator Skelly Oil Company	5. State Oil & Gas Lease No. -----
3. Address of Operator P. O. Box 1351, Midland, Texas 79701	7. Unit Agreement Name Myers Langlie-Mattix Unit
4. Location of Well UNIT LETTER N , 660 FEET FROM THE South LINE AND 1980 FEET FROM THE West LINE, SECTION 10 TOWNSHIP 24S RANGE 37E NMPM.	8. Farm or Lease Name Myers Langlie-Mattix Unit
	9. Well No. 249
	10. Field and Pool, or Wildcat Langlie-Mattix
15. Elevation (Show whether DF, RT, GR, etc.) 3258' DF	12. County Lee

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☐
OTHER **Shut Down** ☒

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

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.

This well was shut down approximately October, 1965, by the former operator as being uneconomical to operate. The well was taken into the Myers Langlie-Mattix Unit 2-1-74 as a shut down well. Present plans are to place the well under waterflood operations in the last quarter of 1974 or in 1975.

*Expires
10/1/75*

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

(Signed) **J. R. Avent** **J. R. Avent** TITLE **Dist. Admin. Coordinator** DATE **10-23-74**

APPROVED BY **Orig. Signed By** TITLE DATE

CONDITIONS OF APPROVAL, IF ANY: