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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
Fed <input type="checkbox"/> State <input checked="" type="checkbox"/> Indian <input type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.
Fed. S. F. 080500

## 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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER- <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Skelly Oil Company	8. Farm or Lease Name Anderson "A"
3. Address of Operator 330 So. Center Rm. 208, Casper WY 82601	9. Well No. 2
4. Location of Well UNIT LETTER <u>P</u> <u>990</u> FEET FROM THE <u>S</u> LINE AND <u>990</u> FEET FROM THE <u>E</u> LINE, SECTION <u>25</u> TOWNSHIP <u>24N</u> RANGE <u>2W</u> N.M.P.M.	10. Field and Pool, or Wildcat S. Blanco (Pictured Cliffs)
15. Elevation (Show whether DF, RT, GR, etc.) 7535 DF	12. County Rio Arriba

### 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 checked="" type="checkbox"/> 1/31/73	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 type="checkbox"/>	CASING TEST AND CEMENT JOBS <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.

This well is under study for possible recompletion to other productive zones.

Permission for continuation of TA status is requested for at least one year pending proper implementation of recompletion work.

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

SIGNED [Signature] TITLE Area Superintendent DATE 10/30/74

APPROVED BY [Signature] TITLE [Signature] DATE [Signature]

CONDITIONS OF APPROVAL, IF ANY:

