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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 checked="" type="checkbox"/> State <input type="checkbox"/> Indian <input type="checkbox"/> Fee <input type="checkbox"/>	
5. State Oil & Gas Lease No.	
Fed. Cont. #68	

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 type="checkbox"/> OTHER- Water injection	7. Unit Agreement Name
2. Name of Operator Skelly Oil Company	8. Farm or Lease Name Jicarilla "B"
3. Address of Operator 330 So. Center, Rm. 208, Casper, WY 82601	9. Well No. 5
4. Location of Well UNIT LETTER L , 1650 FEET FROM THE S LINE AND 660 FEET FROM THE W LINE, SECTION 32 TOWNSHIP 25N RANGE 5W NMPM.	10. Field and Pool, or Wildcat Otero Gallup
15. Elevation (Show whether DF, RT, GR, etc.) 6699 DF	12. County Rio Arriba

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

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input checked="" type="checkbox"/> 4/16/70	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOBS <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.

This well is currently not needed for injection purposes. It is under study for recompletion to a possible productive Zone.

Permission is requested for continuation of TA status 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 R. McWhorter TITLE Area Superintendent DATE 10/30/74

APPROVED BY Original Stamp TITLE SUPERVISOR DIST. #3 DATE NOV 1 1974

CONDITIONS OF APPROVAL, IF ANY: