

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

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—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Water Injection	5. LEASE DESIGNATION AND SERIAL NO. Contract No. 68
2. NAME OF OPERATOR Skelly Oil Company	6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla Apache
3. ADDRESS OF OPERATOR Box 3360, Casper, WY 82602	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1650' FSL & 660' FWL (NW/4 SW/4)	8. FARM OR LEASE NAME Jicarilla "B"
14. PERMIT NO.	9. WELL NO. 5
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6699' DF	10. FIELD AND POOL, OR WILDCAT Otero Gallup
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 32-T25N-R5W
	12. COUNTY OR PARISH Rio Arriba
	13. STATE NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) Temporarily Abandon 4/16/70	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) _____	

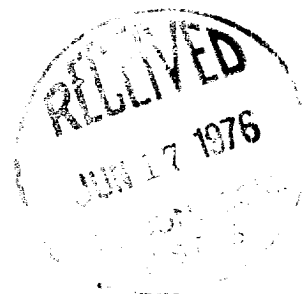
(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

This well is not needed for injection purposes and is under study for possible recompletion to a productive zone.

Permission is requested for continuation of TA status for one year.

TEMPORARY ABANDONMENT
EXPIRES JUN 1 1977



18. I hereby certify that the foregoing is true and correct

SIGNED Ray J. McArthur

TITLE Area Superintendent

DATE 6/11/76

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____