

Instructions

General: This form is designed for submitting proposals to perform certain well operations, and reports of such operations when completed, as indicated, on Federal and Indian lands pursuant to applicable Federal law and regulations, and, if approved or accepted by any State, on all lands in such State, pursuant to applicable State law and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 17: Proposals to abandon a well and subsequent reports of abandonment should include such special information as is required by local Federal and/or State offices. In addition, such proposals and reports should include reasons for the abandonment; data on any former or present productive zones or other zones with present significant fluid contents not sealed off by cement or otherwise; depths (top and bottom) and method of placement of cement plugs; mud or other material placed below, between and above plugs; amount, size, method of parting of any casing, liner or tubing pulled and the depth to top of any left in the hole; method of closing top of well; and date well site conditioned for final inspection looking to approval of the abandonment.

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(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.)

5. LEASE DESIGNATION AND SERIAL NO.

Contract No. 34

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Jicarilla Tribal

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Jicarilla #C11

9. WELL NO.

27

10. FIELD AND POOL, OR WILDCAT

Basin Dakota
11. SEC. T. R. S. OR BLK. AND SURVEY OR AREA

Sec. 33 - T25N-R5W
12. COUNTY OR PARISH 13. STATE

Rio Arriba NM

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
Skelly Oil Company

3. ADDRESS OF OPERATOR
Rm 208 Goodstein Bldg., 330 So. Center, Casper, WY 82601

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface
1735' FNL & 800' FWL Sec. 33 - T25N-R5W
(Sw/4 NW/4)

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
6689' GL, 6701' DF, 6702' KB

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF PULL OR ALTER CASING
FRACTURE TREAT MULTIPLE COMPLETE
SHOOT OR ACIDIZE ABANDON*
REPAIR WELL CHANGE PLANS
(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF REPAIRING WELL
FRACTURE TREATMENT ALTERING CASING
SHOOTING OR ACIDIZING ABANDONMENT*
(Other) Operations

(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.) *

4/28/75 -- TD 7238' PBD 7199' - Preparing to test.
Run bit & scraper, drilled out DV Tool at 3904' & 5596'. Tested 4 1/2" casg. to 4000', okay. Ran Correlation Log to 7189'. Perforated 4 1/2" OD casing; 6983'-89' (6'); 6995'-99' (4'); 7013'-7034' (21') & 7043'-46' (3') w/1 shot per ft. Treated perforations with 1000 gals 15% acid and 90,000#, 20/40 sd. & 30,000# 100 mesh sd. in 49,000 gals. condensate water emulsion. Shut in 21 hrs. SITP 800 psig. Flowed well to test tank 24 hrs. flowed 480 bbls. frac. fluid & gas at rate of 250 Mcf/D on 1/4" choke w/400 psig at well head.



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

SIGNED Roy J. Newkater
(This space for Federal or State office use)

TITLE Area Superintendent

DATE April 29, 1975

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____