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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.	
Ind. Cont. # 14-20-603-2	

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 Navajo "L"
3. Address of Operator 330 So. Center-Rm. 208, Casper, WY 82601	9. Well No. 2
4. Location of Well UNIT LETTER 0 660 FEET FROM THE S LINE AND 1980 FEET FROM THE E LINE, SECTION 11 TOWNSHIP 26N RANGE 12W NMPM.	10. Field and Pool, or Wildcat Gallegos Gallup
15. Elevation (Show whether DF, RT, GR, etc.) 6099 DF	12. County San Juan

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 checked="" type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	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.

Well is to be properly plugged in compliance with NMOCC Rule 202.

Time and date of plugging depends on availability of plugging contractor, therefore, permission is requested for continuation of TA status for one year.

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

Original Signed by Emory C. Arnold

SUPERVISOR DIST. 10

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: