

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 checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. SF 078953	
2. NAME OF OPERATOR Skelly Oil Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 1860 Lincoln Street-Denver, Colorado 80203		7. UNIT AGREEMENT NAME J. W. Goddard	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1920' FNL & 640' FWL Section 11-26N-12W		8. FARM OR LEASE NAME	
14. PERMIT NO.		9. WELL NO. 9	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6043' GR		10. FIELD AND POOL, OR WILDCAT Gallegos Gallup	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 11-26N-12W	
		12. COUNTY OR PARISH San Juan	13. STATE New Mexico

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) Recomplete in the Fruitland <input checked="" type="checkbox"/>	Zone <input type="checkbox"/>

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) <input type="checkbox"/>	

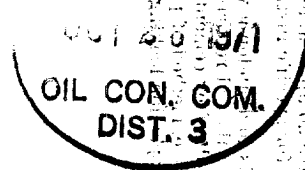
(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)\*

Plans are to recomplete this well in Fruitland Sand as follows:

Squeeze off Gallup Zone perms. 5130-5166' with 15 sacks of cement from 5196-5086'. Run Gamma Ray Collar Log 1400-1000'; mix 300 sacks of cement, displace cement through perforations at 1400', follow with solid plug and measuring line. Stop plug at 1250'. WOC. This will cement off behind pipe the Pictured Cliffs and the Fruitland.

Run Temperature Survey. Perforate 5-1/2" casing with 4 shots per foot at 1182-1200'. Treat with 500 gals. of mud acid. Sand frac with 10,000# 20-40 sand in 8000-12000 gallons of water.



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

SIGNED [Signature] TITLE District Production Manager DATE October 20, 1971  
(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: