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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 Federal <input checked="" type="checkbox"/> Indian <input type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. Fed. Contr. #14-20-600-3540

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name -----
2. Name of Operator Skelly Oil Company	8. Farm or Lease Name Navajo "P"
3. Address of Operator 330 So. Center-Rm 208, Casper, WY 82601	9. Well No. 3
4. Location of Well UNIT LETTER <u>O</u> , <u>2215</u> FEET FROM THE <u>E</u> LINE AND <u>580</u> FEET FROM THE <u>S</u> LINE, SECTION <u>35</u> TOWNSHIP <u>32N</u> RANGE <u>17W</u> NMPM.	10. Field and Pool, or Wildcat Many Rocks-Gallup
15. Elevation (Show whether DF, RT, GR, etc.) 5707 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"/> TEMPORARILY ABANDON <input checked="" type="checkbox"/> 11/1/70 PULL OR ALTER CASING <input type="checkbox"/> OTHER <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> OTHER <input type="checkbox"/>
REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING TEST AND CEMENT JOBS <input type="checkbox"/> OTHER <input type="checkbox"/>	
ALTERING CASING <input type="checkbox"/> PLUG AND ABANDONMENT <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 no longer economically productive and is under study for improvement of its productive capacity.

Permission is requested for continuation of TA status for at least 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 10/30/70

Original Signed by Emory C. Arnold

APPROVED BY \_\_\_\_\_ TITLE SUPERVISOR DIST. #3 DATE NOV 1970

CONDITIONS OF APPROVAL, IF ANY: