

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

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

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.  
Cont. 14-200-600-3450  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 ☐ GAS WELL ☐ OTHER **Injection well**

2. NAME OF OPERATOR  
**Skelly Oil Company**

3. ADDRESS OF OPERATOR  
**Box 3360, Casper, WY 82602**

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface  
**660' FSL & 660' FEL  
(SE/4 SE/4)**

**Navajo**

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
**Navajo "P"**

9. WELL NO.  
**6**

10. FIELD AND POOL, OR WILDCAT  
**Many Rocks-Gallup**

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
**35-T32N-R17W**

12. COUNTY OR PARISH  
**San Juan**

13. STATE  
**NM**

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
**5401' DF**

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other) **Temporarily Abandon** ☒

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON\* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) ☐

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT\* ☐

(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.)\*

A study of this lease is being made for possible recompletion in other zones and we request permission for continuation of the TA status for one more year.

TEMPORARY ABANDONMENT

EXPIRES

**JUN 1 1977**

**JUN 15 1976**

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

SIGNED

*[Signature]*

TITLE

**Area Superintendent**

DATE

**6/11/76**

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: