TEST WATER SHUT-OFF

## HALLTEN CTATEC

PULL OR ALTER CASING

NOTICE OF INTENTION TO:

SUBMIT IN TRIPLICATE\*

Form approved.

REPAIRING WELL

ALTERING CASING

SUBSEQUENT REPORT OF:

orm 9-331 May 1963)	DEPARTMENT OF THE INTERIOR verse side)  GEOLOGICAL SURVEY	5. LEASE DESIGNATION AND SERIAL NO.  tont. 14-20-603-5013  6. IF INDIAN, ALLOTTEE OR TRIBE NAME
(Do not use t	JNDRY NOTICES AND REPORTS ON WELLS this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)	
OIL GAS WEIL X GAS WEIL X WEIL X WEIL X	L L OTHER R	8. FARM OR LEASE NAME Navajo "M"
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.*		9. WELL NO.  8  10. FIELD AND POOL, OR WILDCAT
4. LOCATION OF WEL See also space 17 At surface	775' FEL & 1980' FNL (SE/4 NE/4)	Many Rocks-Gallup  11. SEC., T., B., M., OR BLK. AND SURVEY OR AREA  34-T32N-R17W
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)  5904 DF	12. COUNTY OR PARISH 13. STATE San Juan NM
16.	Check Appropriate Box To Indicate Nature of Notice, Repo	rt, or Other Data

MULTIPLE COMPLETE FRACTURE TREAT ABANDONMENT\* SHOOTING OR ACIDIZING ABANDON\* SHOOT OR ACIDIZE (Other) . (NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) CHANGE PLANS REPAIR WELL 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.) \*

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FRACTURE TREATMENT

A study is being made of this lease for possible recompletions in other zones and if successful, this injection well would be returned to production.

Permission is requested for continuation of TA status for one more year.

TEMPORARY ABANDONMENT **EXPIRES** 18. I hereby certify that DATE 6/11/76 Area Superintendent TITLE . SIGNED (This space for Federal or State office use) DATE . APPROVED BY CONDITIONS OF APPROVAL, IF ANY: