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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 checked="" type="checkbox"/> Indian	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
Fed. Cont #14-20-603-5013	

## 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 type="checkbox"/> OTHER- <b>Injection Well</b>		7. Unit Agreement Name
2. Name of Operator <b>Skelly Oil Company</b>		8. Farm or Lease Name <b>Navajo "M"</b>
3. Address of Operator <b>330 So. Center-Rm. 208, Casper, WY 82601</b>		9. Well No. <b>8</b>
4. Location of Well UNIT LETTER <b>H</b> <b>775</b> FEET FROM THE <b>E</b> LINE AND <b>1980</b> FEET FROM THE <b>N</b> LINE, SECTION <b>34</b> TOWNSHIP <b>32N</b> RANGE <b>17W</b> NMPM.		10. Field and Pool, or Wildcat <b>Many Rocks-Gallup</b>
15. Elevation (Show whether DF, RT, GR, etc.) <b>5904 DF</b>		12. County <b>San Juan</b>

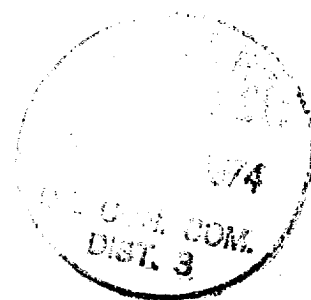
16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input checked="" type="checkbox"/> <b>7/3/74</b>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <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.

Injection is to be re-started in 1975.

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 10/30/74

Original Signed by Emery C. Arnold

SUPERVISOR DIST. 3

APPROVED BY \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: