

NO. OF COPIES RECEIVED	3
DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
OPERATOR	1

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 <input type="checkbox"/> 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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- Water Injection Well	7. Unit Agreement Name -----
2. Name of Operator Skelly Oil Company	8. Farm or Lease Name Navajo "M"
3. Address of Operator 330 So. Center-Rm. 208, Casper, WY 82601	9. Well No. 2
4. Location of Well UNIT LETTER K , 1980 FEET FROM THE S LINE AND 1980 FEET FROM THE W LINE, SECTION 33 TOWNSHIP 32N RANGE 17W NMPM.	10. Field and Pool, or Wildcat Horseshoe Gallup
15. Elevation (Show whether DF, RT, GR, etc.) 5389 DF	12. County San Juan

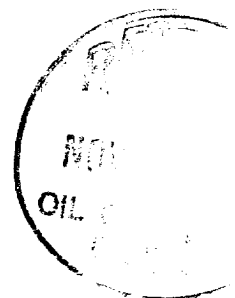
16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input checked="" type="checkbox"/> 4/1/71	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <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.

Plans are to put the Former injection well back on production 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 Emory C. Arnold SUPERVISOR DIST. #3

APPROVED BY _____ TITLE _____ DATE NOV 7 1974

CONDITIONS OF APPROVAL, IF ANY: