

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

Cont. 14-20-603-5013

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Navajo

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Navajo "M"

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

Horseshoe Gallup

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

33-T32N-R17W

12. COUNTY OR PARISH 13. STATE

San Juan

NM

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

1980' FSL & 1980' FWL  
(NE/4 SW/4)

14. PERMIT NO.

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

5389' DF

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON\*

REPAIR WELL

CHANGE PLANS

(Other)

Temporarily Abandon

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT\*

(Other)

(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 is being made for possible recompletions to other zones in this lease and this injection well would be returned to a producing well.

Permission is requested 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

*Roy J. McWhorter*

TITLE

Area Superintendent

DATE

6/11/76

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: