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

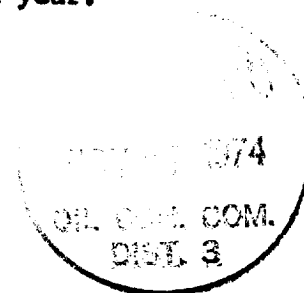
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)	
1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- 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. 12
4. Location of Well UNIT LETTER C 560 FEET FROM THE N LINE AND 2180 FEET FROM THE W LINE, SECTION 34 TOWNSHIP 32N RANGE 17W NMPM.	10. Field and Pool, or Wildcat Many Rocks-Gallup
15. Elevation (Show whether DF, RT, GR, etc.) 5482 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"/> TEMPORARILY ABANDON <input checked="" type="checkbox"/> 7/3/74 PULL OR ALTER CASING <input type="checkbox"/> OTHER <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> OTHER <input type="checkbox"/>
REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/> OTHER <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 1703.

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 <u><i>Emery C. Arnold</i></u>	TITLE Area Superintendent	DATE 10/30/74
Original Signed by Emery C. Arnold		NOV 7 1974
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		