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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 checked="" type="checkbox"/> Indian <input type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. Fed. Cont. #58
7. Unit Agreement Name --
8. Farm or Lease Name Jicarilla "3"
9. Well No. 4
10. Field and Pool, or Wildcat Otero Gallup
12. County Rio Arriba

## 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.)

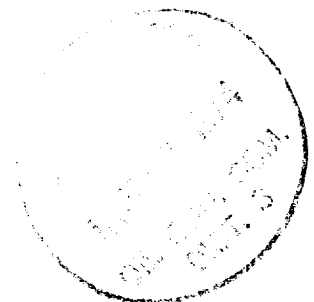
1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator Skelly Oil Company
3. Address of Operator 330 So. Center, Rm. 208, Casper, WY 82601
4. Location of Well UNIT LETTER M 660 FEET FROM THE S LINE AND 660 FEET FROM THE W LINE, SECTION 32 TOWNSHIP 25N RANGE 5W NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 6671 DF

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"/> 2/1/65	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <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.

Well is under study for possible recompletion to another productive zone or zones.

Permission for continuation of TA status is requested for at least one year pending proper implementation of recompletion work.



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

APPROVED BY [Signature] TITLE [Signature] DATE 11/1/74

CONDITIONS OF APPROVAL, IF ANY:

