UNITED STATES SUBMIT IN TRIPLICATE (Other Instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

SF079601

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—" for such proposals.)			31077001
			6. IF INDIAN, ALLOTTEE OR TRIBE NAME
			7. UNIT AGREEMENT NAME
WELL GAS X OTHER NAME OF OPERATOR			8. FARM OR LEASE NAME
•			Lydia Rentz
Skelly Oil Company 3. ADDRESS OF OPERATOR			9. WELL NO.
••	, Denver, Colorado 9	0203	4
4. LOCATION OF WELL (Report location See also space 17 below.) At surface	on clearly and in accordance with an	ny State requirements.	10. FIELD AND POOL, OR WILDCAT
990' FNL & 990' FEL Section 19-25N-3W			11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Rio Arriba County, New Mexico			
RIO AITIDA Godiley, New Mexico			Section 19-25N-3W
14. PERMIT NO.	15. ELEVATIONS (Show whether	DF, RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE
	7281' - GR	KB 7292'	Rio Arriba New Mexico
			I D.
16. Check	Appropriate Box To Indicate	Nature of Notice, Report, or Ot	ner Data
NOTICE OF IN	STENTION TO:	SUBSEQUE	NT REPORT OF:
	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL
TEST WATER SHUT-OFF	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASING
FRACTURE TREAT	ABANDON*	SHOOTING OR ACIDIZING	ABANDONMENT*
SHOOT OR ACIDIZE	CHANGE PLANS	(Other)	
Other) Test Point Lo	v	(Note: Report results of	of multiple completion on Well tion Report and Log form.)
17. DESCRIBE PROPOSED OR COMPLETED proposed work. If well is dinnent to this work.)*	OPERATIONS (Clearly state all pertinectionally drilled, give subsurface le	neut details, and give pertinent dates, i ocations and measured and true vertical	ncluding estimated date of starting any depths for all markers and zones perti-
Perforate Foint Loo Sand frac down 5-1/	'-3040' with 25 sacks kout from 5910'-5936' 2" OD casing with 30, well in and connect	,000# sand in 30,000 gal	lons of water.
		SOM.	
18. I hereby certify that the Stepo	ing is true and correct TITLE te office	District Operations Sup	Ot. DATE June 7, 1973
APPROVED BY	TITLE _		DATE
CONDITIONS OF APPROVAL,	IF ANY:		