Form 9-331 (May 1963)

16.

## UNITED STATES DEPARTMENT OF THE INTERIOR (Other Instructions on verse side)

SUBMIT IN TRIPLICATE.

Form approved. Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SEL IAL NO.

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SF 75301

| SUNDRY | <b>NOTICES</b> | AND | <b>REPORTS</b> | ON | WELLS |
|--------|----------------|-----|----------------|----|-------|

GEOLOGICAL SURVEY

| (Do not use this form for Use ".                         |   |                      |           |  |
|--|---|----------------------|-----------|--|
| 1.   |   | 7. UNIT AGREEMENT NA | ME        |  |
| WELL WELL GAS  | THER  | East Bisti           | Unit      |  |
| 2. NAME OF OPERATOR                                      |   | 8. FARM OR LEASE NAM | 1E        |  |
| Skelly Jil Comp  | any   |                      |           |  |
| 3. ADDRESS OF OPERATOR                                   | 9. WELL NO.   |                      |           |  |
| 1860 Lincoln St  | 114   | •                    |           |  |
| 4. LOCATION OF WELL (Report lo See also space 17 below.) | 10. FIELD AND POOL, O                               | R WILDCAT            |           |  |
| At surface   | Bisti Lover Gallun                                  |                      |           |  |
| 1930' FAL & 198  | 11. SEC., T., R., M., OR BLK. AND<br>SURVEY OR AREA |                      |           |  |
|  |   | Section 12-          | 24N-10W   |  |
| 14. PERMIT NO.   | 15. ELEVATIONS (Show whether DF, RT, GR, etc.)      | 12. COUNTY OR PARISH | 13. STATE |  |
|  | 6828' GR 6939' RB                                   | San Juan             | Le dexico |  |

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

| NOTICE OF INTENTION TO. |  |                      |   | DUBSEQUENT REFORT US. |  |                            |  |    |
|-------------------------|--|----------------------|---|-----------------------|--|----------------------------|--|----|
| TEST WATER SHUT-OFF     |  | PULL OR ALTER CASING |   |                       | WATER SHUT-OFF                         |                            | REPAIRING WELL                                   |    |
| FRACTURE TREAT          |  | MULTIPLE COMPLETE    |   |                       | FRACTURE TREATMENT                     |                            | ALTERING CASING                                  |    |
| SHOOT OR ACIDIZE        |  | ABANDON*             |   |                       | SHOOTING OR ACIDIZING                  |                            | ABANDON MENT*                                    |    |
| REPAIR WELL             |  | CHANGE PLANS         | X |                       | (Other)                                |                            |  | _  |
| (Other)                 |  |                      |   | ]                     | (Note: Report res<br>Completion or Rec | sults of mu<br>ompletion I | Itiple completion on We<br>Report and Log form.) | 11 |
|                         |  |                      |   |                       |  |                            |  |    |

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.)\*

All depths shown are from Ground Level

Plans are to P&A this well, plugging as follows:

First Plug from 5529' to 5429' - Gallup Zone Second Plug from 1875 to 1725' - Fruitland Coal Third Plug from 1300' to 1200' - Ojo Alamo

10 sacks of cement in top of surface casing with dry hole marker. Tho casing is to be recovered.

This well is being assigned to brethern in Christ Mission, Inc., Bloomfield, New Mexico, for future use as a water supply well.



| SIGNED . Signed                              | TITLE | Lead Clerk | DATE Sept. 24, 1971 |
|--|-------|------------|---------------------|
| (This space for Federal or State office use) |       |            |                     |
| APPROVED BYCONDITIONS OF APPROVAL, IF ANY:   | TITLE |            | DATE                |