

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved
Budget Bureau No. 42-R1424.

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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. SE - 076302 - A
2. NAME OF OPERATOR Skelly Oil Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 1860 Lincoln Street, Denver, Colorado 80202		7. UNIT AGREEMENT NAME East Dist. Unit
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FWL and 660' FWL Sec. 7-24N-9W		8. FARM OR LEASE NAME
14. PERMIT NO.		9. WELL NO. 103
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6656' GR 6669' KB		10. FIELD AND POOL, OR WILDCAT Dist. Lower Gallun
		11. SEC., T. R., M., OR BLK. AND SURVEY OR AREA Sec. 7-24N-9W
		12. COUNTY OR PARISH San Juan
		13. STATE New Mexico

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	

(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.)*

All depths shown are from ground level.

6-24-71 - MI & RU Aztec Well Service Unit.

Spotted cement plug from 5487' to 5387'. Worked 5-1/2" casing free at 1500'.

Spotted cement plug from 1357' to 1707'. Cut off 5-1/2" casing at 1507'. Pulled 73 joints of 5-1/2" casing (1484').

Spotted cement plug from 1557' to 1457'. Cement plug from 1127' to 1027'.

Spotted 10' cement plug in surface casing. Installed dry hole marker.

Completed P & A 6-24-71.



18. I hereby certify that the foregoing is true and correct

SIGNED Le D. Bickel TITLE Lead Clerk DATE 10-15-71

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: