F	orm	9-331
7	Max	1963)

UNITED STATES

SUBMIT	IN	TRIPL	ICA?	re*
(Other 1		uctions	on	re-
munic alde		40000		

Form approved.
Budget Bureau No. 42-R1424.

DEPARTMENT OF THE INTERIOR verse side) GEOLOGICAL SURVEY			USA NM - 10183
CUNDRY NOT	ICES AND REPORTS	ON WELLS	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
(Do not use this form for propos Use "APPLICA	sals to drill or to deepen or plantation FOR PERMIT—" for suc	ch proposals.)	7. UNIT AGREEMENT NAME
1. OIL GAS Y OTHER			7. UNIT AGREEMENT NAME
OIL GAS WELL OTHER 2. NAME OF OPERATOR		SFP 0 6 7976	8. FARM OR LEASE NAME
Skelly Oil Company		TOU COM TOWN /	Mexico-Federal "R"
3. ADDRESS OF OPERATOR	00/00	DIST. 3	1
Box 3360, Casper, WY 4. LOCATION OF WELL (Report location of	clearly and in accordance with	any State requirements	10. FIELD AND POOL, OR WILDCAT
See also space 17 below.) At surface			Basin Dakota 11. SEC., T., R., M., OR BLK. AND
1830' FNL & 790' FEL	Sec. 12 - T31N-R1	3W	Sec. 12 - T31N-R13W
	15. ELEVATIONS (Show wheth		12. COUNTY OR PARISH 13. STATE
14. PERMIT NO.	5799' GR		San Juan NM
16. Check A		te Nature of Notice, Report, or	Other Data
NOTICE OF INTE			CUENT REPORT OF:
TEST WATER SHUT-OFF	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASING ABANDONMENT*
SHOOT OR ACIDIZE	ABANDON*	SHOOTING OR ACIDIZING DOER	ationsX
REPAIR WELL (Other)	CHANGE PLANS	(Note: Report result	s of multiple completion on Well pletion Report and Log form.)
17. DESCRIBE PROPOSED OR COMPLETED OF proposed work. If well is direct nent to this work.) *	PERATIONS (Clearly state all per tionally drilled, give subsurface	tinent details, and give pertinent date locations and measured and true verti	s, including estimated date of starting any cal depths for all markers and zones perti-
9/17/76 - TD 4182' D	1-d to 2201 and so	et 10 3/4" OD casing at	223' KB and cemented
	Circulated cement ald okay Drilled	to 3910' & set 7 5/8"	10 1113. 103100
			and around the
			SEP 2.2 1976
18. I hereby certify that the foregoin	g is true and correct		The transfer of the transfer o
18. I hereby certify that the foregoin	Illication TITLE	Area Superintendent	DATE 9/17/76
SIGNED			
(This space for Federal or State	omce use)	2	DATE

TITLE ___