ITED STATES COLOR SUBMIT IN THE ICATE OF THE

Form approved. Budget Bureau No. 42-R1424.

DEPARTMENT OF THE INTERIOR (Other instruct. on re-				5. LEASE DESIGNATION AND SERIAL NO.		
				LC-029418(B) 6. IF INDIAN, ALLOTTEE OR TRIBE NAME		
	NOTICES AND REF			o. If Indian, all	COLUMN OR INDE NAME	
OIL GAS WELL OTHER 2. NAME OF OPERATOR		REC	ECEIVED 7. UNIT AGREEMENT NAME			
		050 1 7 1070		8. FARM OR LEASE NAME		
Skelly Oil Company	SEF	7 3 1972	9. WELL NO.			
3. ADDRESS OF OPERATOR						
4. LOCATION OF WELL (Report lo See also space 17 below.) At surface	dland, Texas 79701 cation clearly and in accordance	e with any State requirem	リー・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・	10. FIELD AND PO		
660' FEL and 1980'	FNL Sec. 11-178-3	1E	-	11. SEC., T., R., M. SURVEY OR	, OR BLK. AND	
				Sec. 11-1	76_41 ¥	
14. PERMIT NO.	15. ELEVATIONS (Show	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3966 GR		12. COUNTY OR PARISH 13. STATE		
				Rédy	New Mexico	
16. Che	ck Appropriate Box To I	ndicate Nature of No	tice, Report, or Ot	her Data		
NOTICE OF INTENTION TO:				NT REPORT OF:		
TEST WATER SHUT-OFF	PULL OR ALTER CASING	WATER	SHUT-OFF	REPAIR	ING WELL	
FRACTURE TREAT	MULTIPLE COMPLETE	FRACTU	RE TREATMENT	ALTERI	ING CASING	
SHOOT OR ACIDIZE	ABANDON*		NG OR ACIDIZING		ONMENT*	
REPAIR WELL	CHANGE PLANS	(Other	Sped and set	t multiple comple	etion on Well	
(Other) 17. DESCRIBE PROPOSED OR COMPLE		<u> </u>	ompletion or Recomplet	ion Report and L	og form.)	
sacks Class " Class "C" wit surface. WOO	6040') of 8-5/8" (C" cement with 4% th 2% calcium chlored to 18 hours. The 1000f for 30 string.	gel and 1/4f ce ride. Pumped	lioflakes per plug to 620'.	sack and	L25 sacks	
			X	SEP 6	912	
18. I hereby certify that the for SIGNED \SIgned)	r Avens	ITLE Bist. Admin.			pt. 5, 1972	
(This space for Federal or S						
	ı					
APPROVED BALLE) \	ITLE		DATE		

*See Instructions on Reverse Side