

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42 R1424.
5. LEASE DESIGNATION AND SERIAL NO.

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 checked="" type="checkbox"/> OTHER <input type="checkbox"/> Dually Completed	6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla Tribal Contract No. 68
2. NAME OF OPERATOR Skelly Oil Company	7. UNIT AGREEMENT NAME
3. ADDRESS OF OPERATOR 1860 Lincoln Street - Denver, Colorado 80203	8. FARM OR LEASE NAME Jicarilla "B"
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 790' FNL & 790' FWL of Section 31-25N-5W, Rio Arriba County, New Mexico	9. WELL NO. 20
14. PERMIT NO.	10. FIELD AND FOOT, OR WILDCAT Otero Gallup Basin Dakota
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6736' DF	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 31-25N-5W
	12. COUNTY OR PARISH Rio Arriba
	13. STATE New Mexico

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

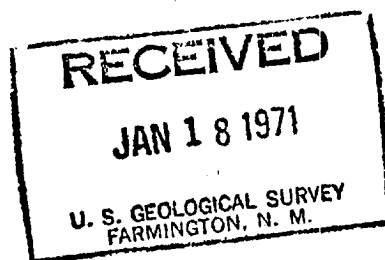
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input checked="" type="checkbox"/>	CHANGE PLANS <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.)*

The Gallup zone completely watered out during the second quarter of 1970. A routine packer leakage test taken in September, 1970 indicated that either the packer seal assembly was leaking or that a hole exists in the Basin Dakota tubing string. Subsequent tests have confirmed communications between the watered out Gallup & Basin Dakota gas zone.

Plans are to pull both strings of tubing, check for hole in the casing and squeeze if necessary. Squeeze and abandon the Gallup zone. Run Basin Dakota tubing with redressed packer seal assembly, swab well to pit and produce into line.



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

SIGNED

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

District Production Manager DATE 1-14-71

TITLE

DATE

*See Instructions on Reverse Side

JAN 19 1971

P. O. BOX 1809
DURANGO, COLO. 81301

At (only, 100% ...)