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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease Federal <input checked="" type="checkbox"/> Indian <input type="checkbox"/>	
5. State Oil & Gas Lease No. Fed. Cont. #34	
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" (FORM C-101) FOR SUCH PROPOSALS.)	
OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name ---
2. Name of Operator Skelly Oil Company	8. Farm or Lease Name Jicarilla "C"
3. Address of Operator 330 So. Center-Rm 208, Casper, WY 82601	9. Well No. 20
4. Location of Well UNIT LETTER <u>D</u> <u>660</u> FEET FROM THE <u>N</u> LINE AND <u>660</u> FEET FROM THE <u>W</u> LINE, SECTION <u>33</u> TOWNSHIP <u>25N</u> RANGE <u>5W</u> NMPM.	10. Field and Pool, or Wildcat Otero Gallup
15. Elevation (Show whether DF, RT, GR, etc.) 6730 DF	12. County Rio Arriba

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input checked="" type="checkbox"/> 1/1/72	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

This well is no longer economically productive from Gallup Formation and is under study for downhole remedial work and possible recompletion to other productive zones.

Permission is requested for continuation of TA status for at least one year pending proper implementation of remedial and recompletion work.



18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNED <u>[Signature]</u>	TITLE <u>Area Superintendent</u>	DATE <u>10/30/74</u>	
APPROVED <u>[Signature]</u>	TITLE <u>SUPERVISOR DIST. #3</u>	DATE <u>NOV 7 1974</u>	
CONDITIONS OF APPROVAL, IF ANY:			