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NEW MEXICO OIL CONSERVATION COMMISSION

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

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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/>		5a. Indicate Type of Lease Fed State <input checked="" type="checkbox"/> Indian <input type="checkbox"/> Fee <input type="checkbox"/>
2. Name of Operator Skelly Oil Company		5. State Oil & Gas Lease No. Fed. Cont. #68
3. Address of Operator 330 So. Center Rm. 208, Casper, WY 82601		7. Unit Agreement Name -----
4. Location of Well UNIT LETTER D 660 FEET FROM THE N LINE AND 660 FEET FROM THE W LINE, SECTION 32 TOWNSHIP 25N RANGE SW NMPM.		8. Farm or Lease Name Jicarilla "B"
15. Elevation (Show whether DF, RT, GR, etc.) 6727 DF		9. Well No. 14
		10. Field and Pool, or Wildcat Otero Gallup
		12. County Rio Arriba

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"/> 5/25/69	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 possible recompletion to other zones.

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

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED [Signature] TITLE Area Superintendent DATE 10/30/74

APPROVED BY [Signature] TITLE SUPERVISOR DATE NOV 7 1974

CONDITIONS OF APPROVAL, IF ANY:

