

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)

Form approved
Budget Base on No. 42 R1424.

5. LEASE DESIGNATION AND SERIAL NO.

SF 080539

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

W. F. Hurt

9. WELL NO.

2

10. FIELD AND TOLL, OR WILDCAT

Undesignated

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 14-25N-3W

12. COUNTY OR PARISH 13. STATE

Rio Arriba New Mexico

SUNDRY NOTICES AND REPORTS ON WELLS
(Do not use this form for wells which are not in a different reservoir.
Consult the instructions on the reverse side for each paragraph.)

1. OIL ☐ GAS ☐ WELL ☒ OTHER ☐

2. NAME OF OPERATOR
Skelly Oil Company

3. ADDRESS OF OPERATOR
1860 Lincoln Street, Denver, Colorado 80203

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
1650' FSL & 990' FEL Section 14-25N-3W
Rio Arriba County, New Mexico

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
7346' KB; 7339' GR

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	Test Kirtland Sand <input checked="" type="checkbox"/>

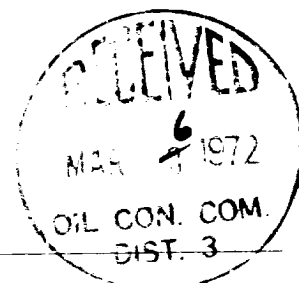
SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <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.)*

This well is presently producing from the Pictured Cliffs Sand thru csg. perfs. 3800'-3808' and is considered to be uneconomical to operate, therefore, plans are to test the Kirtland Zone 3600'-3620' as follows:
Place cement plug from 3838'-3700'; perforate w/4 shots per foot at 3600'-3620'; Treat perfs. w/500 gals. of mud acid. Swab and test.
If gas producer is indicated, sandfrac 3600'-3620' w/40,000# sand and 40,000 gals. treated water.



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

SIGNED [Signature]

TITLE Dist. Production Manager

DATE March 2, 1972

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL IF ANY:

TITLE _____

DATE _____