OLPART)	Form approved, Budget Foreau No. 42 R1424, 5, LEASE DESIGNATION AND JORIAL NO. SF 078302				
SUNDRY NOT	ICES AND REPORTS C		6. IF INDIAN, ALLOTS		
1.	· ·	 	7. UNIT AGREEMENT N	TAME	
WELL X WELD OTHER			East Bisti Unit		
2. NAME OF OPERATOR			8. FARM OR LEASE NA	ME	
Skelly Oil Company					
3. ADDRESS OF OPERATOR			9. WELL NO.		
1860 Lincoln Street,	Denver, Colorado 802	203	115		
4. LOCATION OF WELL (Report location el See also space 17 below.)		state requirements.*	10. FIELD AND POOL,	OR WILDCAT	
At surface			Bisti Low	Bisti Lower Gallup	
1980' FSL & 660'	FWL Section 7-24N-9V	I .	11. SEC., T., R., M., OR BURVEY OR ARG	BLK. AND	
			Section 7-24N-9W		
14. PERMIT NO.	15. ELEVATIONS (Show whether DF,	·	12. COUNTY OR PARIS	H 13. STATE	
	6882 GR 68	393' DF	San Juan	New Mexic	
16. Check An	propriate Box To Indicate N	sture of Notice Report or C	Juhan Data		
NOTICE OF INTEN					
NOTICE OF INTER	110A 10.	виваеце.	UENT REPORT OF:		
TEST WATER SHUT-OFF	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING	WELL	
FRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING	CASING	
SHOOT OR ACIDIZE	ABANDON*	BHOOTING OR ACIDIZING	ABANDONMI	ENT*	
REPAIR WELL	CHANGE PLANS	(Other)			
(Other) 17. DESCRIBE PROPOSED OR COMPLETED OPE		Completion or Recomp	of multiple completion letion Report and Log (orm.)	
This well has reached Plans are to plug and First Plug - 100' plug Second Plug - 50' instant Plug - 150' cemesection	abandon this well; p g across Gallup Zone ide the 5-1/2" casing	plugging as follows: perforations 5415-545 and 50' above where wnward from above th	59' casing is sho	ot in two	
Fourth Plug - 100' plu	ug at bottom of Ojo A	lamo Sand (unless su	rface casing	is set	
	the Ojo Alamo Sand)				
	•	-			
10 sacks of cer	ment in top of surfac	e casing with dry ho	le marker	4.1	
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			1. The second of	•	
10 1 1					
18. I hereby certify that the foregoing is	1 1 1 K				
SIGNED // /	Miles Dist	rict Operations Supt	• DATE Jun	ne 10, 1971	
(This space for Federal or State office	ce use)				
	\mathcal{U}		5 · 4		
APPROVED BY CONDITIONS OF APPROVAL, IF A	NY:	· · · · · · · · · · · · · · · · · · ·	DATE		