

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)Form approved
Budget Bureau No. 42/R1421
5. LEASE DESIGNATION AND SERIAL NO.

SF 78301

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME East Bisti Unit	
2. NAME OF OPERATOR Skelly Oil Company		8. FARM OR LEASE NAME	
3. ADDRESS OF OPERATOR 1860 Lincoln Street, Denver, Colorado 80203		9. WELL NO. 106	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FNL & 660' FWL Section 12-24N-10W		10. FIELD AND POOL, OR WILDCAT Bisti Lower Gallup	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 12-24N-10W	
15. ELEVATIONS (Show whether DF, RT, OR, etc.) 6920' DF		12. COUNTY OR PARISH San Juan	
		13. STATE New Mexico	

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 checked="" type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input 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"/>		<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 has reached the economic limit and is no longer profitable to operate.
Plans are to plug and abandon this well; plugging as follows:

First Plug - 100' plug across Gallup Zone perforations 5454-5492'
Second Plug - 50' inside the 5-1/2" casing and 50' above where casing is shot in two
Third Plug - 150' cement plug extending downward from above the Fruitland Coal
section across the Pictured Cliffs Sand
Fourth Plug - 100' plug at bottom of Ojo Alamo Sand (unless surface casing is set
through the Ojo Alamo Sand)

10 sacks of cement in top of surface casing with dry hole marker

JUN 14 1971

U. S. GEOLOGICAL SURVEY
WASHINGTON, D. C.

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

SIGNED [Signature] TITLE District Operations Supt. DATE June 10, 1971

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: