Form 9-33: (May 1963)		UNITED STATES MENT OF THE INTER SEOLOGICAL SURVEY	SUBMIT IN TRIPLICA (Other instructions on verse side)	5. LEASE DESIGNATION AND SERIAL NO. 1420-603-1436
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.)				6. IF INDIAN, ALLOTTER OF TRIBE NAME Nava to Tribal
OIL WELL XX	GAS WELL OTHER	······································		7. UNIT AGREEMENT NAME  East Bisti Unit 8. FARM OR LEASE NAME
Skelly 3. ADDRESS OF	Oil Company OPERATOR			9. WELL NO.
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.)				9 10. FIELD AND POOL, OR WILDCAT
At surface 660' FNL & 1976' FWL Section 21-25N-11W				Bisti Lower Gallup  11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
14. PERMIT NO.		15. ELEVATIONS (Show whether 6474 KB	DF, RT, GR, etc.)	Sec. 21-25N-11W 12. COUNTY OR PARISH 13. STATE San Juan New Mexic
16.	Check A		Nature of Notice, Report, o	or Other Data
TEST WATE FRACTURE SHOOT OR A REPAIR WE (Other)	ACIDIZE	PULL OR ALTER CASING MULTIPLE COMPLETE ABANDON* CHANGE PLANS	WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING (Other) (NOTE: Report re	ALTERING CASING ABANDONMENT*  Sults of multiple completion on Well completion Report and Log form.)
All der 7-27-71 Spotted worked off at	pths shown are  1 - MI & RU Azt  d cement plug f  5 1/2" casing  1327'. Spotted	from Ground level. ec Well Servicing Un rom 4994' to 4894'. to free same. Rigge cement plug from 13	nit. Pulled rods. Pulled 2" tubing	inside casing stub and
485 to Spotted	o 385'. Pulled d 10' cement pl	total of 42 joints I ug in surface casing	1331 of 5 1/2" OD ca 3. Installed dry hol	ising.
Complet	ted P & A 8-5-7			To complete the state of our factors of the state of the
18. I hereby cer	rtify that the foregoing	s true and correct	Lead Clerk	DATE Jan 7, 1972
	for Federal or State offi			DATE OF THE PROPERTY OF THE PR
APPROVED CONDITION	O BY NS OF APPROVAL, IF A	NY:		DATE

\*See Instructions on Reverse Side 2 Capies to N.M OtG Comm - agter