

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

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

Form approved.  
Budget Bureau No. 42-R1424.

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"/>		5. LEASE DESIGNATION AND SERIAL NO. <b>MM 03599</b>
2. NAME OF OPERATOR <b>Skelly Oil Company</b>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME <b>---</b>
3. ADDRESS OF OPERATOR <b>Box 730 - Hobbs, New Mexico</b>		7. UNIT AGREEMENT NAME <b>---</b>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  <b>1850' FNL &amp; 1850' FNL Sec. 17-25N-8W</b>		8. FARM OR LEASE NAME <b>Mexico Fed "J"</b>
14. PERMIT NO.		9. WELL NO. <b>1</b>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>6433' DF</b>		10. FIELD AND POOL, OR WILDCAT <b>Undesignated</b>
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>Sec. 17-25N-8W</b>
		12. COUNTY OR PARISH <b>San Juan</b>
		13. STATE <b>New Mexico</b>

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"/>	

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.)\*

The oil zone of this well is depleted with the well producing very little oil. There are no other commercial zones of oil or gas in this well. We plan to plug and abandon this well in the following manner:

1. Move in and rig up pulling unit.
2. Pull rods and tubing.
3. Squeeze 5-1/2" OD casing perfs. 6302-6321' with 75 sacks of cement.
4. Rig down and move out pulling unit.
5. Move in and rig up pipe pulling machine.
6. Run free point indicator and cut 5-1/2" OD casing at approx. 4000'.
7. Pull 5-1/2" OD casing.
8. Rig down and move out pipe pulling machine.
9. Move in and rig up pulling unit.
10. Spot 50 sack cement plug in and out of 5-1/2" OD casing cut off point.
11. Spot cement plugs at the following depths:  
2725-2850' - 50 sacks - Mesa Verde  
1875-2000' - 50 sacks - Pictured Cliff  
1250-1350' - 40 sacks - Ojo Alamo
12. 10 sack plug at surface in 10-3/4" OD casing with 4" steel marker.
13. All intervals not cemented will be filled with heavy mud laden fluid.

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

SIGNED **(ORIGINAL SIGNED) H. E. Aab**

TITLE **Dist. Superintendent**

DATE **February 19, 1964**

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE **FEB 25 1964**  
**OIL CON. COM.**  
**DIST. 2**