

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(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. 14-20-103-1300 |
| 2. NAME OF OPERATOR Skelly Oil Company | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME |
| 3. ADDRESS OF OPERATOR 1860 Lincoln Street, Denver, Colorado 80203 | | 7. UNIT AGREEMENT NAME East Disti Unit |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FSL and 660' FWL Section 19-25N-10W | | 8. FARM OR LEASE NAME |
| 14. PERMIT NO. | | 9. WELL NO. 25 |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6572' GR | | 10. FIELD AND POOL, OR WILDCAT Disti Lower Gallup |
| | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 19-25N-10W |
| | | 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:

SUBSEQUENT REPORT OF:

| | |
|--|---|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | MULTIPLE COMPLETION <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"/> | |

| | |
|--|--|
| 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.)*

All depths shown are from ground level.
7-22-71 - MI & RU Astec Well Service Unit. Pulled rods.
Spotted cement plug from 5165' to 5065'. Pulled 2" tubing.
Worked 5-1/2" casing to free same. Rigged up blue jet, perforated from 1524' to 1525' w/4 shots. Ran 2" tubing. Spotted cement plug from 1525' to 1375'. Pulled tubing. Shot casing off at 1024'. Spotted cement plug from 1074' to 974', 50' inside casing stub and 50' above 5-1/2" casing stub. Pulled up the hole and spotted cement plug from 745' to 645'. Pulled 32 joints of 5-1/2" casing 1033'. Spotted 10' cement plug in surface casing. Installed dry hole marker. Completed P & A 7-26-71.



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

SIGNED L. L. Biele TITLE Lead Clerk DATE 10-20-71

(This space for Federal or State office use)

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