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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

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|---|------------------------------|
| 5a. Indicate Type of Lease | |
| Fed <input checked="" type="checkbox"/> Indian <input type="checkbox"/> | Fee <input type="checkbox"/> |
| 5. State Oil & Gas Lease No. | |
| Cont. #14-200-600-3540 | |

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| SUNDRY NOTICES AND REPORTS ON WELLS <small>(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)</small> | |
| 1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- | 7. Unit Agreement Name |
| 2. Name of Operator Skelly Oil Company | 8. Farm or Lease Name Navajo "p" |
| 3. Address of Operator 330 So. Center-Rm 208, Casper, WY 82601 | 9. Well No. 12 |
| 4. Location of Well UNIT LETTER I 1830 FEET FROM THE S LINE AND 810 FEET FROM THE E LINE, SECTION 35 TOWNSHIP 32N RANGE 17W NMPM. | 10. Field and Pool, or Wildcat Many Rocks-Gallup |
| 15. Elevation (Show whether DF, RT, GR, etc.) 5406 KB | 12. County San Juan |

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|--|--|
| 16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data | |
| NOTICE OF INTENTION TO: | SUBSEQUENT REPORT OF: |
| PERFORM REMEDIAL WORK <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER <input type="checkbox"/> | PLUG AND ABANDON <input checked="" type="checkbox"/> CHANGE PLANS <input type="checkbox"/> REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER <input type="checkbox"/> |
| ALTERING CASING <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/> | |
| 17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103. | |

Well is to be properly plugged in compliance with NMOCC Rule 202.

Time and date of plugging depends on availability of plugging contractor, therefore, permission is requested for continuation of TA status for one year.



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|--|----------------------------------|------------------------|
| 18. I hereby certify that the information above is true and complete to the best of my knowledge and belief. | | |
| SIGNED <u>[Signature]</u> | TITLE Area Superintendent | DATE 10/30/74 |
| Original Signed by Emory C. Arnold | | DATE NOV 7 1974 |
| APPROVED BY _____ | | TITLE _____ |
| CONDITIONS OF APPROVAL, IF ANY: | | |