

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

1120-600-3540

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Mountain Tribal

7. UNIT AGREEMENT NAME

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8. FARM OR LEASE NAME

Navajo "P"

9. WELL NO.

13

10. FIELD AND POOL, OR WILDCAT

Many Rocks Gallup

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 26-32N-17W

1.

OIL WELL ☐ GAS WELL ☐ OTHER

Dry Hole

2. NAME OF OPERATOR

Skelly Oil Company

3. ADDRESS OF OPERATOR

Box 730 - Hobbs, New Mexico

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

740' FUL & 1910' FUL Sec. 26-32N-17W

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

5860' 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

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

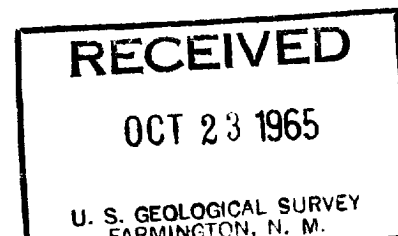
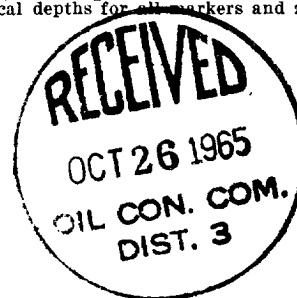
(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)*

Well Plugged and Abandoned in the following manner:

1. Moved in and rigged up pulling unit.
2. Displaced hole with heavy mud.
3. Spotted 25 sack cement plug from 1770' to 1651'.
4. Filled hole with heavy mud laden fluid.
5. Spotted 10 sack cement cap in top of 7-5/8" OD casing.
6. Installed 4" x 4" dry hole marker.
7. Plugging operations were completed on October 13, 1965.

Date work performed - October 12 & 13, 1965.



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

SIGNED

(SIGNED) H. E. Ash

TITLE

Dist. Superintendent

DATE

October 22, 1965

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

One copy Short
will be copy for SF

*See Instructions on Reverse Side