Riser on 13-3/8" OD and Riser on 9-5/8" OD and Inspected by L. A. Cla 8. I hereby certify that the information (Signed) D. R. Crow	aments on Feb.	ing brought	to surface	belief.	DATE	2-5-	
Riser on 9-5/8" OD and Inspected by L. A. Cla 8. I hereby certify that the information	ements on Feb.	ing brought 3, 1976.	to surface	belief.			
Riser on 9-5/8" OD and Inspected by L. A. Cla	d 5-1/2" OD Cas	ing brought	to surface	e.			m, propos
Riser on 9-5/8" OD and	d 5-1/2" OD Cas	ing brought		ce.			m, propos
Riser on 9-5/8" OD and	d 5-1/2" OD Cas	ing brought		ce.			m, propos
Riser on 9-5/8" OD and	d 5-1/2" OD Cas	ing brought		ce.			m, propos
Riser on 9-5/8" OD and	d 5-1/2" OD Cas	ing brought		ce.			m, propos
Riser on 9-5/8" OD and	d 5-1/2" OD Cas	ing brought		ce.			m, propos
Riser on 9-5/8" OD and	d 5-1/2" OD Cas	ing brought		ce.			m, propos
Riser on 9-5/8" OD and	d 5-1/2" OD Cas	ing brought		ce.		·	, propos
Riser on 9-5/8" OD and	d 5-1/2" OD Cas	ing brought		ce.		·	m, propos
				ce.		·	ny propos
				ce.			my propos
Riser on 12-3/8" on on	nd 9-5/8" on ca	aino hrawahi	to sumfa			, "	my propos
						,	ing propos
work) SEE RULE 1103.	-	-					
7. Describe Proposed or Completed Or	perations (Clearly state (ll pertinent details	and give pertin	ent dates, includ	ing estimated a	late of starting a	n propos
OTHER		. []	OTHER GE	sing Conne	ctions		[
PULL OR ALTER CASING	CHANGE	r	OMMENCE DRILLI ASING TEST AND (PLUG AND ABANT	ONMENT
PERFORM REMEDIAL WORK	PLUG AN		REMEDIAL WORK			ALTERING CASIS	46 [
NOTICE OF I	NTENTION TO:			SUBSEQUE	ENT REPOR	T OF:	
6. Check	Appropriate Box T		ure of Notic	e, Report or			77777
		1 (Show whether DI 3403 ¹ DF	RT, GR, etc.)		12. Count	, III	
THE East LINE, SECTI					трм.		
		•			7777		
, Location of Well UNIT LETTER	4400	North	•	1760		and Pool, or Wi	ldcut
P. O. Box 1351, Midla	md, Texas 79701	,			9. Well N		
Skelly Oil Company 3. Address of Operator			····			r "B"	
well well well 2. Name of Operator	OTRER-				8, Farm o	or Lease Name	·
l	ITION FOR PLANET _** (FOR)	и C-101) FOR SUCH	PROPOSALS.)		7. Unit A	greement Name	
SUNDI (DO NOT USE THIS FORM FOR PO USE MAPPLICA	RY NOTICES AND F	REPORTS ON W	ELLS	PESERVAIR			MM
OPERATOR					5. State	Off & Gas Lease	No.
	⊣				State	ate Type of Lea	se Fee
LAND OFFICE	-				1 cm 1 m 44 m	-1- D	
U.S.G.S.	-		. 23,	 ,	w1100	1-1-03	
U.S.G.S.	NEW MEX	ICO OIL CONSE	RVATION COM	MISSION	C-102	rsedes Old 2 and C-103 ctive 1-1-65	