Form 3160-5 (November 1983) (Formerly 9-331)	UNITE STATES DEPARTMENT THE IN BUREAU OF LAND MANAG	WREATO ROPER COMMISSION	Form approved. Budget Bureau No. 1004-0135 Expires August 31, 1985 5. LEASE DESIGNATION AND SERIAL NO. LC-029420B 6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUN (Do not use this	NDRY NOTICES AND REPORT FOR FOR PERMIT—" for PRINCE OF PERMIT—" for PE	or plug back to a different reservoir.	
1.			7. UNIT AGREEMENT NAME
WELL X GAS	OTHER	RECEIVED BY	Skelly Unit.
2. NAME OF OPERATOR	_ /		
Texaco Produ	neing Inc.		9. WELL NO.
=:	P. O. Box 728, Hobbs, NM 88240 1. LOCATION OF WELL (Report location clearly and in accordance with an		13
4. LOCATION OF WELL (See also space 17 be	Report location clearly and in accordance	with any State requirements.	10. PIELD AND POOL, OR WILDCAT
At surface	104.)	Land San Control	Fren Seven Rivers
Unit Letter	K, 1980' FSL & 1980' FWL		SURVEY OR ARMA
			Sec 21, T17S, R31E
14. PERMIT NO.	15. ELEVATIONS (Show w	whether DF, RT, GR, etc.;	
30-015-05338			Eddy NM
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data			
NOTICE OF INTENTION TO:			CENT REPORT OF:
TEST WATER SHUT-	OFF PULL OR ALTER CASING	WATER SHUT-OFF	BEPAIRING WELL
FRACTURE TREAT	MULTIPLE COMPLETE _	FRACTURE TREATMENT	ALTERING CASING
-6HOUT-DE ACIDIZE	X ABANDON*	SHOOTING OR ACIDIZING (Other)	ABANDONMENT*
REPAIR WELL (Other)	CHANGE PLANS	(Norge Report result	s of multiple completion on Well pletion Report and Log form.)
proposed work. nent to this work.	If well is directionally drilled, give subsur	tubing. Install BOP. Clea	an out to TD (2200').
5 gals	532 (anionic surfactant),	and 440 gals fresh water	
 Acidize brine. 	OH 2094'-2200' with 3,50	0 gals 15% NEFE acid and 1	L,000# rocksalt in gelled
5) Squeeze	ck load. OH with 110 gals H35 sca SI for 24 hrs.	le inhibitor. Overflush w	ith 100 bbls of 2% KCL
6) Place w	rell back on production.		
0, 12211	•		
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10 I hereby certify th	at, the toregoing is true and correct		
SIGNED SIGNED		TLE <u>District Admin. Superv</u>	isor date 04/07/86
/	deral or State office use)	***************************************	1 61-
APPROVED BY	C. TI	TLE	
CONDITIONS OF	APPROVAL, IF ANY:		