

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NM OIL CONS COMMISSION
Drawer DD
Artesia, NM 88210

CLSF

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS
Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT --" for such proposals

RECEIVED

SUBMIT IN TRIPLICATE

1. Type of Well: ☐ OIL WELL ☐ GAS WELL ☒ OTHER INJECTION

SEP 30 '94

2. Name of Operator
TEXACO EXPLORATION & PRODUCTION INC.

O. C. D.
ARTESIA OFFICE

3. Address and Telephone No.
P.O. BOX 730, HOBBS, NM 88240

397-0431

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Unit Letter H : 1980 Feet From The NORTH Line and 660 Feet From The
EAST Line Section 21 Township 17S Range 31E

5. Lease Designation and Serial No.
LC 029420 B

6. If Indian, Alottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and Number
SKELLY UNIT

10

9. API Well No.
30 015 05325

10. Field and Pool, Exploratory Area
FREN SEVEN RIVERS

11. County or Parish, State
EDDY, NEW MEXICO

12. Check Appropriate Box(s) To Indicate Nature of Notice, Report, or Other Data

TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Attering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> OTHER: CASING INTEGRITY TEST	<input type="checkbox"/> Dispose Water

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

13. 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.) *

7/13/94

TEST CASING TO 300 PSI (COPY OF PRESSURE CHART ON REVERSE SIDE, ORIGINAL TO NMOC).

PERFORMED/WITNESSED BY JOHN PAWELEK OF ROWLAND TRUCKING AS PER CONVERSATION WITH RAY SMITH OF THE BUREAU OF LAND MANAGEMENT.

J. Carriger

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

SIGNATURE *Darrell J. Carriger* TITLE Engineering Assistant DATE 8/29/94

TYPE OR PRINT NAME Darrell J. Carriger

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.