

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRI-CATE*
(Other instructions on re-verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.
C029418-B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
Skelly Unit

8. FARM OR LEASE NAME
Skelly Unit

9. WELL NO.
114

10. FIELD AND POOL, OR WILDCAT
Fren 7 Rvrs/GB Jackson

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 26, T-17-S, R-31-E

12. COUNTY OR PARISH | 13. STATE
Eddy | NM

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL GAS WELL OTHER Dual Injection Well

2. NAME OF OPERATOR
Texaco Producing Inc. /

3. ADDRESS OF OPERATOR
P.O. Box 730, Hobbs, NM 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface
650' FNL & FWL
Letter K, 1980' FSL & 1980' FWL

14. PERMIT NO. | 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
| 3825' GL

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

(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.) *

12/03/90 thru 12/04/90

- 1) MIRU PU. TOH laying dn rods, tbg & pmp.
- 2) TIH w/WS.
- 3) Cir hole w/mud.
- 4) Spt 25 sx Cl C plug 1975-1735'.
- 5) Spt 25 sx Cl C plug 750-510'.
- 6) Spt 6 sx Cl C plug 50-surf.
- 7) Cut off WH. Instld marker. Clnd locn.

RECEIVED
DEC 28 10 55 AM '90
CARTER
AMER...

Post ID-2
1-18-91
P&A

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

SIGNED Richard DeLoach TITLE Engineering Technician DATE 12/21/90

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 1-8-91

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side