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## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

SEP 24 1993

to Appropriate District Office Revised 1-1-89 DISTRICT I P.O. Box 1980, Hobbs, NM 8824U OIL CONSERVATION DIVISION WELL API NO. P.O. Box 2088 30 - 025 - 10595 DISTRICT II Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210 5. Indicate Type of Lease FEE X STATE L 1000 Rio Brazos Rd., Aztec, NM 87410 6. State Oil & Gas Lease No. SUNDRY NOTICES AND REPORTS ON WELLS ( DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) SKELLY PENROSE A UNIT Type of Well: GAS WELL WELL OTHER Injection 2. Name of Operator 8. Well No. Texaco Exploration and Production Inc. 38 3. Address of Operator 9. Pool name or Wildcat P. O. Box 730 Hobbs, NM 88240 LANGLIE MATTIX 7R QN GB Well Location フロの 200D -860 Feet From The 1980 Feet From The SOUTH WEST Line and Line County Section Township 23-S Range LEA 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3297' GL Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK **ALTERING CASING TEMPORARILY ABANDON CHANGE PLANS** COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT **PULL OR ALTER CASING** CASING TEST AND CEMENT JOB X OTHER: CONVERT TO PRODUCTION OTHER: 12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103. 1. PULL INJECTION EQUIPMENT. 2. C/O TO PBTD 3622'. 3. PERFORATE LANGLIE MATTIX INTERVAL 3520'-3540' 4 SPF. FYI (OLD PERFS 3520' - 3621' (9 HOLES)) 4. FRAC LANGLIE MATTIX INTERVAL. 5. PLACE ON ROD PUMP. I hereby certify that the information above is true/find complete/to the best of my knowledge and belief. muz Production Engineer 09-22-93 TELEPHONE NO. 393-7191 TYPE OR PRINT NAME Michael C. Alexander

TITLE \_

CONDITIONS OF APPROVAL, IF ANY:

**ORIGINAL SIGNED BY JERRY SEXTON** 

DISTRICT I SUPERVISOR

(This space for State Use)

APPROVED BY \_