

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

BLM OIL CONS COMMISSION
Drawer DD
Artesia, NM 88210

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

SUBMIT IN TRIPLICATE

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

2. Name of Operator
TEXACO EXPLORATION & PRODUCTION INC.

3. Address and Telephone No. P.O. BOX 730, HOBBS, NM 88240 397-0426

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Unit Letter B : 660 Feet From The NORTH Line and 1980 Feet From The
EAST Line Section 14 Township 17S Range 31E

5. Lease Designation and Serial No.
LC029418 B SJS

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and Number
SKELLY UNIT
102

9. API Well No.
30 015 05147

10. Field and Pool, Exploratory Area
GRAYBURG JACKSON 7RVS QN GB SA

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 checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> OTHER: RETURNED TO INJECTION
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<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.)

*****THIS FORM IS IN RESPONSE TO BLM NOTICE NM-067-95-JA-118.*****

Returned to injection 2/94
Mechanical Integrity Test: (6/23/94); performed by Rowland Trucking to 300 PSI <held>.
Verbally approved by Ray Smith of the New Mexico Oil Coservation Division (6/20/94).

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

SIGNATURE [Signature] TITLE Engineering Assistant DATE 1/5/95

TYPE OR PRINT NAME Derrell J. Carriger

(This space for Federal or State office use)

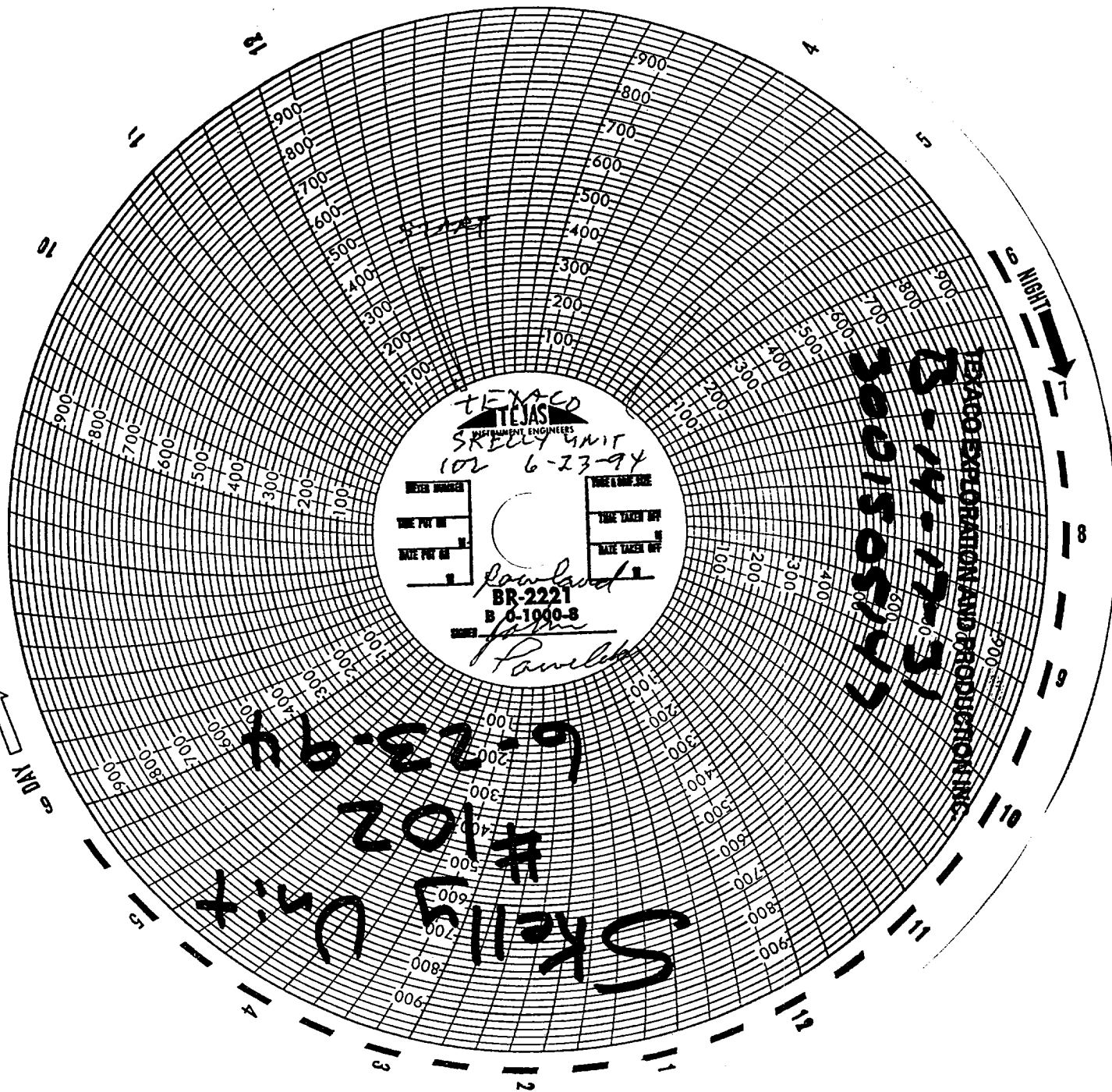
APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

CO PRINTED IN U.S.A. ©

← DAY

← NIGHT



TEXACO
SKELETON UNIT
102 6-23-94

TESTER NUMBER
TIME PUT IN
DATE PUT IN

TIME & DATE SIZE
TIME TAKEN OFF
DATE TAKEN OFF

BR-2221
B 0-1000-8
Pavelik

BR-2221
B 0-1000-8
102 6-23-94

SKELLY
#102
6-23-94

BR-2221
B 0-1000-8
102 6-23-94