

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FOR INFORMATION ONLY

FORM APPROVED

Budget Bureau No. 1004-0135  
Expires: September 30, 1990

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 Dual Water Injection Well

2. Name of Operator

Texaco Exploration & Production Inc.

3. Address and Telephone No.

P.O. Box 730, Hobbs, NM 88241-0730 (505) 393-7191

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

Unit Letter B, 660' FNL & 1880' FEL  
Sec. 22, T-17-S, R-31-E

5. Lease Designation and Serial No.

LC-029419 A

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

Skelly Unit

8. Well Name and No.

Skelly Unit #42

9. API Well No.

30-015-05356

10. Field and Pool, or Exploratory Area

Grayburg Jackson  
SR-QN-GB-SA, Fren 7-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

- ☐ Notice of Intent  
☒ Subsequent Report  
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment  
☐ Recompletion  
☐ Plugging Back  
☐ Casing Repair  
☐ Altering Casing  
☒ Other
- ☐ Change of Plans  
☐ New Construction  
☐ Non-Routine Fracturing  
☐ Water Shut-Off  
☐ Conversion to Injection

Test casing for TA

(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.)\*

11-13-91

1. Conducted casing integrity test on the above well.
2. Tested 4 1/2" casing from surface to packer @2200' to 300# for 30 minutes. Held OK.
3. Tested to 300# as per NMOCD guidelines.
4. Request temporarily abandon well status through 11-21-94.

(COPY OF CHART ON REVERSE SIDE)

ORIGINAL CHART ATTACHED

I hereby certify that the foregoing is true and correct

Signed M. C. Amey

Title Engr. Asst.

Date 11-21-91

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any:

