

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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 <input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other Dual Water Injection Well	5. Lease Designation and Serial No. LC-029419 A
2. Name of Operator Texaco Exploration & Production Inc. ✓	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. P.O. Box 730, Hobbs, NM 88241-0730 (505) 393-7191	7. If Unit or CA, Agreement Designation Skelly Unit
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	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	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
	<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

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.)

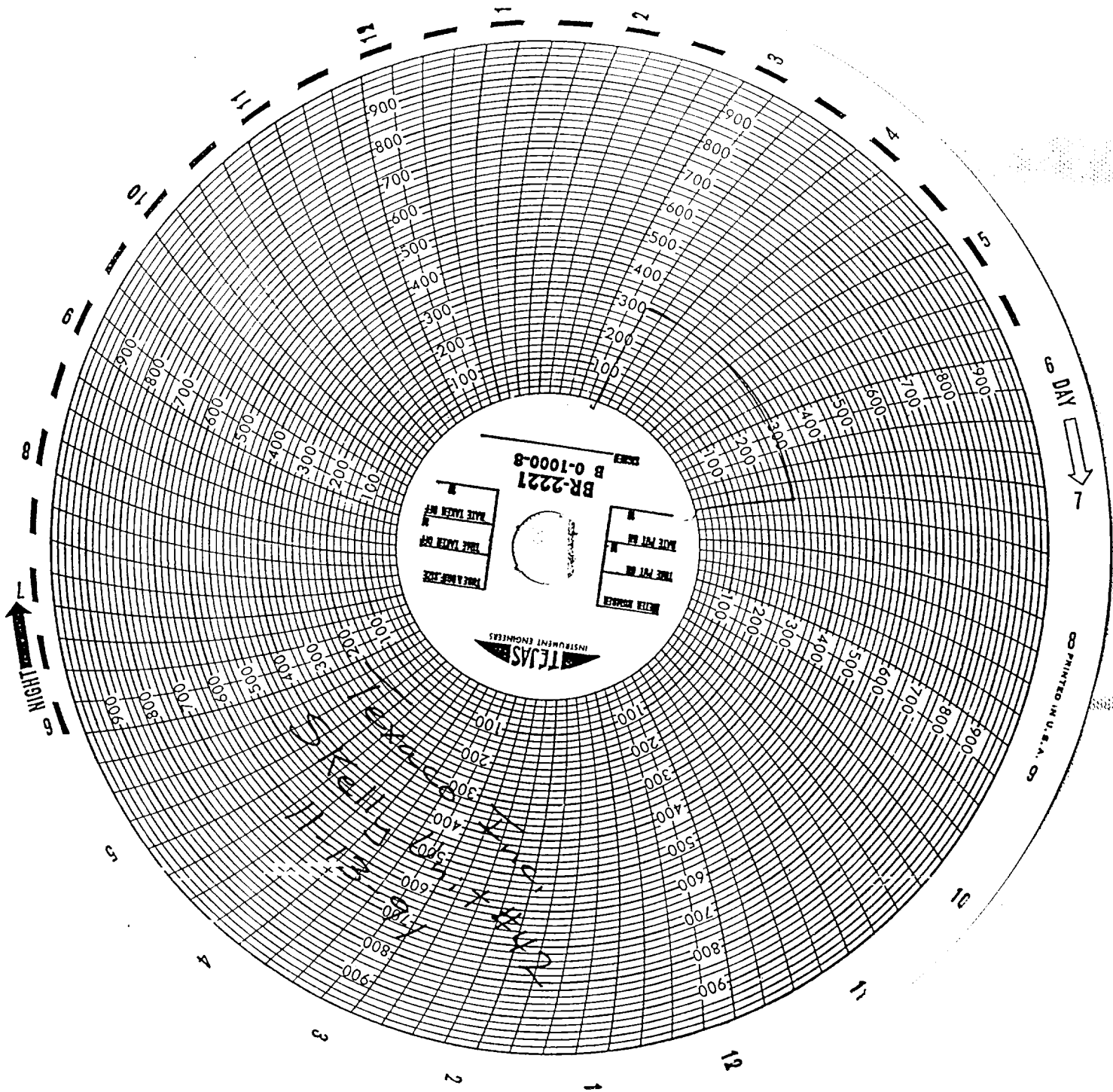
- 11-13-91
1. Conducted casing integrity test on the above well.
 2. Tested 4 1/2" casing from surface to packer @2200' to 300# for 30 minutes. Held OK.
 3. Tested to 300# as per NMOC guidelines.
 4. Request temporarily abandon well status through 11-21-94.

(COPY OF CHART ON REVERSE SIDE)

ORIGINAL CHART ATTACHED

14. I hereby certify that the foregoing is true and correct		
Signed <u>M. C. Arney</u>	Title <u>Engr. Asst.</u>	Date <u>11-21-91</u>
(This space for Federal or State office use)		
Approved by _____	Title _____	Date <u>11/29/91</u>
Conditions of approval, if any: _____	12 MONTH PERIOD <u>11/30/92</u>	

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.



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