Form 3160-5 (June 1990)

## UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

NM OIL CONS COMMISSION

Artesia, NM 88210

FORM APPROVED

BUREAU OF	LAND MANAGEMENT	Budget Bureau No. 1004-0135 Expires: March 31, 1993	
Do not use this form for proposals to	S AND REPORTS ON WELLS  drill or to deepen or reentry to a different reservoir.  FOR PERMIT" for such proposals	Lease Designation and Serial No.     LC-029418 B     If Indian, Alottee or Tribe Name	
SUBM	IIT IN TRIPLICATE	7. If Unit or CA, Agreement Designation	
1. Type of Well: OIL GAS WELL WELL	OTHER INJECTION	8. Well Name and Number SKELLY UNIT	
2. Name of Operator TEXACO EXPLORA	ATION & PRODUCTION INC.	46	
Address and Telephone No. P.O. BOX 730, HO	BBS, NM 88240 397-0426	9. API Well No. 30 015 05357	
4. Location of Well (Footage, Sec., T., R., M., or Survey Unit Letter H : 1980 Feet From Th	Description)  ne NORTH Line and 560 Feet From The	10. Field and Pool, Exploratory Area GRAYBURG JACKSON 7RVS QN GB SA	
EAST Line Section 22	Township 17S Range 31E	11. County or Parish, State  EDDY , NEW MEXICO	
Check Appropriate	Box(s) To Indicate Nature of Notice, R	eport, or Other Data	
TYPE OF SUBMISSION	Т	YPE OF ACTION	
<ul><li>Notice of Intent</li><li>✓ Subsequent Report</li><li>✓ Final Abandonment Notice</li></ul>	Abandonment Recompletion Plugging Back Casing Repair Altering Casing OTHER: RETURNED TO INJECT	Change of Plans  New Construction  Non-Routine Fracturing  Water Shut-Off  Conversion to Injection  Dispose Water  (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log Form.)	
directionally drilled, give subsurface locations and n	rly state all pertinent details, and give pertinent dates, includin neasured and true vertical depths for all markers and zones pe	g estimated date of starting any proposed work. If well is ertinent to this work,)*.	
Returned to injection 2/94 Mechanical Integrity Test: (6/22/94);performed b Verbally approved by Ray Smith of the New Mexic	y Rowland Trucking to 300 PSI <held>.</held>		
		SJS	

14. I hereby certify that the foregoing is and SIGNATURE		Engineering Assistant	DATE	1/5/95
TYPE OR PRINT NAME	Darrell Carriger			
(This space for Federal or State office use)				
APPROVED BY	TITLE		DATE	
CONDITIONS OF APPROVAL, I	F ANY:			
Title 18 U.S.C. Section 1001, makes representations as to any matter with		ake to any department or agency of the United States	any false, fictitious or fraudulent state	ements or

