

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

dsf

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		RECEIVED		5. LEASE DESIGNATION AND SERIAL NO.
2. NAME OF OPERATOR Texaco Producing Inc.		JUN 28 1991		LC-029419 A
3. ADDRESS OF OPERATOR P.O. Box 730, Hobbs, NM 88240		O. C. D. ARTESIA OFFICE		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FSL & 1880' FWL				7. UNIT AGREEMENT NAME Skelly Unit
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3833' GR		8. FARM OR LEASE NAME Skelly Unit
				9. WELL NO. 117
				10. FIELD AND POOL, OR WILDCAT Fren Seven Rivers
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 22, T-17-S, R-31-E
				12. COUNTY OR PARISH Eddy
				13. STATE NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) <input type="checkbox"/>			

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. 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.)*

04/29/91 thru 05/13/91

- 1) MIRU PU. TOH w/prod equip.
- 2) TIH w/bit & scraper to 2256'. TOH.
- 3) TIH w/pkr. Acidized perms 2256-2380' w/2000 gals 15% NEFE & 500# RS. Max P-2085#. Min P-800#. AIR 4.3 BPM. ISIP-1400#. 5 Min-Vac.
- 4) Scale squeeze w/1 drum TH756. Rel'd pkr. TOH.
- 5) TIH w/prod equip & returned to prod.

Prior Test: 5 BOPD, 10 BWPD After Test: 9 BOPD, 29 BWPD

18. I hereby certify that the foregoing is true and correct
SIGNED Richard DeSoto TITLE Engineering Technician DATE 06/20/91

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

*See Instructions on Reverse Side

