

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
COMMISSION

SUBMIT IN TRIPPLICATE*
(Other instructions
reverse side)

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

45F

SUNDRY NOTICES AND REPORTS ON WELLS RECEIVED

(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"/>		FEB 27 9 04 AM '89		7. UNIT AGREEMENT NAME	Skelly Unit
2. NAME OF OPERATOR		Texaco Producing Inc. ✓		8. FARM OR LEASE NAME	
3. ADDRESS OF OPERATOR		PO Box 728, Hobbs, New Mexico 88240		9. WELL NO.	121
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface		Unit Letter M, 660' FSL and 660' FWL		10. FIELD AND POOL, OR WILDCAT	Fren Seven Rivers
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.)		11. SEC., T., S., M., OR BLK. AND SURVEY OR AREA	Sec. 23-T17S-R31E
		3846.5' GL 3845.5' KB		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.)*

1-25-89 MIRU pulling unit. Pull rods and pump. Install BOP. Pulled on tubing-parted at 2358'.

1-26, 27-89 Fish and POH with tubing.

1-28-89 RIH with K.R. shoe and washpipe. Recover all tubing. POH.

1-30-89 RIH with 4 3/4" bladed bit and casing scraper on workstring to 2556'. Spot 500 gallons of ammonium bicarbonate from 2053'-2553'. POH. RIH with 5 1/2" packer on workstring.

1-31-89 Set packer at 2276' (tubing OE at 2494'). Pump 1000 gallons 15% NEFE acid-1 BPM at 1600 psi. ISIP 1600 psi. Back flow. Release packer. POH.

2-1-89 RIH with 80 joints new 2 3/8" tubing. Ran pump and rods. Placed well on production.

BEFORE: 8 BOPD, 0 BWPD
AFTER: 15 BOPD, 6 BWPD

18. I hereby certify that the foregoing is true and correct 397-3571

SIGNED J. A. Head TITLE Hobbs Area Superintendent DATE 2/22/89

(This space for Federal or State record)

APPROVED BY (CHIC 800) DAVID R. GLASS TITLE _____ DATE _____

CONDITIONS OF APPROVAL IF ANY: MAR 10 1989

CARLSBAD, NEW MEXICO *See Instructions on Reverse Side