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 Appropriate District Office
 DISTRICT I
 P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
 Energy, Minerals and Natural Resources Department

RECEIVED
 JUN 04 REC'D
 Form C-104
 Revised 1-1-89
 See Instructions
 at Bottom of Page

DISTRICT II
 P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION
 P.O. Box 2088
 Santa Fe, New Mexico 87504-2088

O. C. D.
 ARTESIA OFFICE

DISTRICT III
 1000 Rio Brazos Rd., Aztec, NM 87410

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
 TO TRANSPORT OIL AND NATURAL GAS**

I.

Operator Texaco Exploration and Production Inc.	Well API No. 30 015 22257
Address P. O. Box 730 Hobbs, New Mexico 88240-2528	
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain) EFFECTIVE 6-1-91	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator Texaco Producing Inc. P. O. Box 730 Hobbs, New Mexico 88240-2528	

II. DESCRIPTION OF WELL AND LEASE

Lease Name SKELLY UNIT	Well No. 123	Pool Name, Including Formation FREN SEVEN RIVERS	Kind of Lease State, Federal or Fee FEDERAL	Lease No. 685460
Location Unit Letter <u>M</u> : <u>560</u> Feet From The <u>SOUTH</u> Line and <u>660</u> Feet From The <u>WEST</u> Line Section <u>22</u> Township <u>17S</u> Range <u>31E</u> , NMPM, <u>EDDY</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> SHUT-IN	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> SHUT-IN	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twsp.	Rge.	Is gas actually connected?	When ?

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size <u>ported ID-3</u> <u>6-7-91</u>
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF <u>619 OP</u>

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

K. M. Miller
 Signature
 K. M. Miller Div. Opers. Engr.
 Printed Name
 May 7, 1991 Title
 915-688-4834
 Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUN - 4 1991
 By ORIGINAL SIGNED BY
MIKE WILLIAMS
 Title SUPERVISOR, DISTRICT II

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

RECEIVED BY
MAY 28 1985
O. C. D. Form C-104
Revised 10-01-78
ARTERIA OFFICE
Format 06-0-83
Page 1

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

NO. OF COPIES RECEIVED	
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SANTA FE	✓
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LAND OFFICE	
TRANSPORTER	✓
OIL	✓
GAS	✓
OPERATOR	✓
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator
TEXACO Producing Inc. ✓

Address
P.O. Box 728, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain)
Change of Operator from Getty to
TEXACO Producing Inc. 12/31/84

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Skelly Unit	Well No. 123	Pool Name, Including Formation Fren 7-Rivers	Kind of Lease State, Federal or Fee FED LC-029419 A	Lease No. A
Location				
Unit Letter M	: 560	Feet From The South	Line and 660	Feet From The West
Line of Section 22	Township 17S	Range 31E	, NMPM, Eddy	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Texas N.M. Pipeline Co. (0096-0812)	P.O. Box 2528, Hobbs, N.M. 88240
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Conoco Inc.	P.O. Drawer 1267, Ponca City, OK 74603
If well produces oil or liquids, give location of tanks.	Unit : H Sec. : 22 Twp. : 17-S Rge. : 31-E
Is gas actually connected?	Yes when: 9/25/77

If this production is commingled with that from any other lease or pool, give commingling order number: PC-450

NOTE: Complete Parts IV and V on reverse side if necessary.

Post 10-3
6-2-85
Chg Op

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

W. B. L...

(Signature)

District Operations Manager

(Title)

April 19, 1985

(Date)

OIL CONSERVATION DIVISION

APPROVED MAY 29 1985, 19 _____

BY ORIGINAL SIGNED
BY LARRY BROOKS
GEOLOGIST - NMOCD

TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner; well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiple completed wells.

C/S/H

0+6-MMS-Roswell, 1-File, 1-Engr PS, 1-Foreman EF, 1-JA, 1-Laura Richardson-Midland, 1-BW

Form 9-331
 Dec. 1973

Form Approved.
 Budget Bureau No. 42-R1424

UNITED STATES
 DEPARTMENT OF THE INTERIOR
 GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil well gas well other

2. NAME OF OPERATOR
 Getty Oil Company

3. ADDRESS OF OPERATOR
 P.O. Box 730, Hobbs, NM 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
 AT SURFACE: Unit Ltr. 560 FSL & 660 FWL
 AT TOP PROD. INTERVAL:
 AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

PULL OR ALTER CASING

MULTIPLE COMPLETE

CHANGE ZONES

ABANDON*

(other)

SUBSEQUENT REPORT OF:

RECEIVED

FEB 25 1983

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

OIL & GAS
 MINERALS MGMT. SERVICE
 ROSWELL, NEW MEXICO

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.)*

- 2/1/83 Rig up, pull rods & tbg. Ran tbg back open ended to 2167'.
 - 2/2/83 No hole in 5 1/2" csg. Technical surveys ran prod. log perfs 2285, 86, 87, 90, 2308, 10, 25, 27, 29, 31, 43, 44, 46, 47, 66, 71, 99, 2402, 10, 2285-90 3 bbls per day, 2308-10, 0 bbl per day, 2325-31 100 bbls per day, 2343-47, 82 bbls per day, 0 from rest of perfs.
 - 2/3/83 Set CI bridge plug at 2360'. Set pkr @ 2016. Cement perfs 2285-2410 w/ 50 sxs low water class "C" at 1500#. Displace to 2201'. W.O.C.
 - 2/4/83 W.O.C.
 - 2/5/83 Ran 4 3/4" bit, tag soft cement at 2180' to 2185', hard cement 2324', fell to 2331' (perfs 2325-2331) hard cement to 2350', fell to top of BP at 2360, circ. clean, pull bit. Ran pkr, set @ 2264', flowing 1/2" stream water, 1 bbl / hour after swab dry.
 - 2/7/83 Bridge plug set @ 2315'. CRC perf 2 SPF, 2175, 76, 2186-2201; 2212, 13, 24, 25
- Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED D.R. Crockett TITLE Area Superintendent DATE February 24, 1983

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
 CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

MAR 15 1983

MINERALS MANAGEMENT SERVICE
 ROSWELL, NEW MEXICO

*See Instructions on Reverse Side

Instructions

General: This form is designed for submitting proposals to perform certain well operations, and reports of such operations when completed, as indicated, on Federal and Indian lands pursuant to applicable Federal law and regulations, and, if approved or accepted by any State, on all lands in such State, pursuant to applicable State law and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 17: Proposals to abandon a well and subsequent reports of abandonment should include such special information as is required by local Federal and/or State offices. In addition, such proposals and reports should include reasons for the abandonment; data on any former or present productive zones, or other zones with present significant fluid contents not sealed off by cement or otherwise; depths (top and bottom) and method of placement of cement plugs; mud or other material placed below, between and above plugs; amount, size, method of parting of any casing, liner or tubing pulled and the depth to top of any left in the hole; method of closing top of well; and date well site conditioned for final inspection looking to approval of the abandonment.

2/7/83 Cont'd

2/8/83

2/9/83

2/10/83

2/11/83

CFO : 1981 0 - 34 166

84, 85, 86, 87, 95, 96, 97, 98 = total 54 holes, ran pkr set @ 2145', swab tbg dry, no fluid entry.

15 hours SITP 0#. FL @ 900'. Swab 1% oil, ran pkr to 2302'. Spot 4 bbls acid 2302-2138', raise up set pkr @ 2050'. Western treated w/ 3500 gals 15% DS-30 w/ 100 balls. Broke down @ 1500# @ 3 BPM. Max press 2600# Min 1600#, ISIP 1400#, flowed 20 bbls, swabbed tbg dry - no oil show, lowered pkr to 2111'. Swabbed dry 1/2 hour. 200' fluid entry, no oil, wait 1/2 hour 200' fluid entry.

First run swab F.L. @ 800'. Swabbed tbg dry. Wait one hour swabbed 1000'. 100% acid wtr. Running swab 1 hour intervals. Swabbing 1000' fluid showed some color last 2 hours.

Ran swab tag F.L. @ 800'. Swabbed dry. Showed 4-6% oil, released pkr POH, retrieved BP. Ran 4 3/4" bit on 2 3/8" tbg drilled out CIBP @ 2360'. Circ. hole clean. POH ran 79 jts 2 3/8" production tbg. Set @ 2425'. SN @ 2392'.

Ran rods & pump, spaced out. Placed well back on production.