

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP DATE\*  
(Other instruction re-  
verse side)

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

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 ☐ GAS WELL ☐ OTHER ☒ Inj Well

2. NAME OF OPERATOR  
Texaco Producing Inc.

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

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.  
See also space 17 below.)  
At surface  
1980 FNL & 1980 FWL

Unit LTR F

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, OR, etc.)  
3846 DF

5. LEASE DESIGNATION AND SERIAL NO.  
LC-029419(a)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
Skelly Unit

9. WELL NO.  
44

10. FIELD AND POOL, OR WILDCAT  
\* SEE BELOW

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
22-17S-31E

12. COUNTY OR PARISH  
Eddy

13. STATE  
NM

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

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.)\*

\* Fren 7 Rivers  
Grayburg Jackson 7-RV-QN-GB-SA

It is proposed to abandon the GB-SA zone to comply with NMOCD regulations.

- 1) Flow well back.
- 2) Notify NMOCD 24 hours before work begins.
- 3) MIRU. Install BOP.
- 4) Pull out injection strings.
- 5) Set CIBP @ + 3100'. Cap with 35' cmt. Test CIBP.
- 6) Run injection packer & tubing. Set packer @ + 2100'.
- 7) Acidize 7 Rivers perfs (2238-2362) with 3000 gals 15% NEFE.
- 8) Resume injection.

RECEIVED

OCT -9 '89

O. C. D.  
ARTESIA, OFFICE

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

SIGNED

*J. A. Head*

J. A. HEAD  
TITLE Area Manager

DATE 10-6-89

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side