| (Formerly 9–331) DEPARTM   | IN TED STATES   | SUBMIT IN TRIP ATE.<br>IOR verse alde   | Budget Bureau<br>Expires Augus<br>5. LEASE DESIGNATIO<br>LC-029419( | N AND BERIAL NO. COT                         |
|--|---|---|---|--|
| SUNDRY NOTIC   | ES AND REPORTS  | ON WELLS  | C. IF INDIAN, ALLOTT  | EE OR TEIBE NAME                             |
|  |   |   | C. DATE AGREEMENT   |  |
| WELL WELL OTHER INJ Well OCT 20'89   |   |   | 8. FARM OR LEASE NAME   |  |
| Texaco Producing Inc.  |   |   | Skelly Unit   |  |
| 3. ADDRESS OF OPERATOR   |   | O. C. D.  | 9. WHLL NO.   |  |
| P. O. Box 730, Hobbs   | <u>New Mexico 88</u><br>arly and in accordance with any   | 240 ARTESIA, OFFIC  | 44<br>10. FIELD AND POOL,   | OR WILDCAT                                   |
| See also space 17 below.)<br>At surface  | * SEE BELOW   |   |   |  |
| 1980 FNL & 1980 FWL  | 11. SBC., T., Z., M., OR BLK. AND<br>BURNEY OR ARMA   |   |   |  |
|  |   |   | 22-175-31E  |  |
| Unit LTR F<br>14. PERNIT NO.   | 15. BLEVATIONS (Show whether DF, RT, GR, etc.)  |   | 12. COUNTY ON PARIS   |  |
|  | 3846 DF   |   | Eddy  | NM   |
| 16. Check App  | propriate Box To Indicate   | Nature of Notice, Report, or C  | )ther Data  |  |
| NOTICE OF INTENTION TO:  |   |   | DENT REPORT OF:   |  |
| TEST WATER SHUT-OFF  | CLL OR ALTER CASING   | WATER SHUT-OFF  | EEPAIRING   |  |
| FRACTURE TREAT   | ULTIPLE COMPLETE  | FRACTURE TREATMENT  | - ALTERING  |  |
|  | BANDON <sup>®</sup> X<br>HANGE PLANE  | SHOOTING OR ACIDIZING   |   |  |
| REPAIR WELL CH<br>(Other)  |   | (Nors: Report results<br>Completion or Recompl                                | of multiple completion<br>etion Beport and Log                      | n on Well<br>(orm.)                          |
| 17. DESCRIBE PROPOSED OR COMPLETED OPER<br>proposed work. If well is direction<br>nent to this work.) •                          | ATIONS (Clearly state all pertine<br>nally drilled, give subsurface loc                               | nt details, and give pertinent dates,<br>ations and measured and true vertics | including estimated d<br>il depths for all mark                     | iate of starting any<br>ers and gones perti- |
| * Fren 7 Rivers<br>Grayburg Jackson 7  |   |   |   |  |
| <ol> <li>MIRU. Install</li> <li>Pull out injec</li> <li>Set CIBP @ + 3</li> <li>Run injection</li> <li>Acidize 7 Rive</li> </ol> | 4 hours before w<br>BOP.<br>tion strings.<br>100'. Cap with 3<br>packer & tubing.<br>rs perfs (2238-2 |   | 100' <b>.</b>   |  |
| 8) Resume injecti  | 011.  |   | >   | Oct  |
|  |   |   | fm ff   |  |
|  |   |   |   | [ቸ]  |
|  |   |   |   | S N3 W                                       |
|  |   |   | ••  | er<br>IVI                                    |
| • <u>-</u>   |   |   |   | M B  |
|  |   |   |   | 8  |
| 18. I hereby certify that the foregoing is   | true and correct  |   |   |  |
| signed Acae  |   | . A. HEAD<br>rea Manager  | DATE  | 10-6-89                                      |
| (This space for Federal or State offic<br>APPROVED BY (ORIG. SGD.) D   | AVID R. GLASS   | PETROLEUM LUGINEER  | DATE  | 18 84  |
| CONDITIONS OF APPROVAL, IF A   | NT :  |   |   |  |

## \*See Instructions on Reverse Side

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