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Form 3160-5 December (989)	UNITED STA DEPARTMENT OF TH BUREAU OF LAND MA	IE INTERIOR DI	HOLL COMS. COUM Miller OD Miller OD	ISSION FORM APPROVED Budget Bureau No. 1004-0135 Expires: September 30, 1990 5. Lease Designation and Serial No.
Ci	UNDRY NOTICES AND RE	DORTS ON WE	us	. LC-029418 (b) 6. If Indian, Atlonce or Tribe Name
Do not use this form	for proposals to drill or to d "APPLICATION FOR PERMIT	eepen or reentry	to a different reserving posals	
<u></u>	SUBMIT IN TRIF	PLICATE	KECEIVED	7. If Unit or CA. Agroement Designation
I. Type of Well			-007181991	Skelly Unit
	Other Injection Well		<del>0. C. D.</del>	8. Well Name and No. Skelly Unit #73
2. Name of Operator	oration & Production I	nc.	ARTESIA OFFICE	9. API Well No.
3. Address and Telephone No.		· .		<u>30-015-10504</u>
P.O. Box 730	), Hobbs, NM 88241-0 ec., T., R., M., or Survey Description)	0730 (5	505) 393-7191	10. Field and Pool. or Exploratory Area Grayburg Jackson, Fren 7-Ru
4. LOCALION OF WEIL (POOLIGE, SA	cc., 1., K., M., or Survey Description,			11. County or Parish, State
	0 FSL & 660 FWL; Sec.			
12. CHECK AP	PROPRIATE BOX(s) TO IN	DICATE NATUR	E OF NOTICE, R	EPORT, OR OTHER DATA
TYPE OF SU	TYPE OF SUBMISSION TYPE OF ACTION			TION
Notice of Inte	ent	Abandonment		Change of Plans
<b></b>				New Construction
X Subsequent R	Report	Casing Repair		Water Shut-Off
Final Abando	onment Notice	Altering Casi	ng	Conversion to Injection
		X Other		he Grayburg Jackson Zone results of multiple completion on Well Completion or
		11		Report and Log form.) f starting any proposed work. If well is directionally drilled,
13. Describe Proposed or Complet give subsurface locations	i and measured and true vertical depths for	all markers and zones per	tinent to this work.)*	
1. Notified B	LM. MIRU. Backflowed w	well. Starting	g date 9-23-91.	
2. TOH w/both	injection strings, la	aying down Gra	ayburg Jackson	tbg & packer.
	3250', capped w/35' o			
	8" tbg & packer; circu			
	@ 2275', tested to 50			
-	m pulling unit. Left			Injection System
is present	ly shut-down. Complet	ion date 10-0	1-91.	
Operations	; were ₩itnessed by OC	D of Artesia.		Port ID- 2 11-1-91
				PXA 6-J
14. I hereby certify that the fore	going is true and correct		<u> </u>	
6 11 I	hunce	Title Engr. A	sst.	Date
Signed	and the second sec			
Signed	tate office use)			