

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

RECEIVED

AUG 19 1991

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: September 30, 1990

SUNDRY NOTICES AND REPORTS ON WELLS

O. C. D.  
ARTESIA, OFFICE

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well <input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other Injection Well	5. Lease Designation and Serial No. LC-029418 (b)
2. Name of Operator Texaco Exploration & Production Inc.	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. P.O. Box 730, Hobbs, NM 88241-0730 (505) 393-7191	7. If Unit or CA, Agreement Designation Skelly Unit
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Unit 1tr L, 2130 FSL & 660 FWL; Sec. 23, Township 17S, Range 31E	8. Well Name and No. Skelly Unit #73
	9. API Well No. 30-015-10504
	10. Field and Pool, or Exploratory Area Grayburg Jackson, Fren 7-Rv
	11. County or Parish, State Eddy, New Mexico

CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other
	ASD of Grayburg Jackson Zone
	(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)

RECOMMENDED PROCEDURE FOR ASD OF GRAYBURG JACKSON ZONE  
SKELLY UNIT NO. 73

Flow Back Well.  
Notify BLM 24 hours prior to work.  
MIRU Pulling Unit. Install BOP.  
Pull both injection strings. Test Seven Rivers tubing coming out.  
Set CIBP @ 3250'. Cap with 35' cmt. Test CIBP. New PBTD 3215'.  
Run Seven Rivers injection packer and tubing. SPA 2290'.  
Resume Seven Rivers injection.

(Diagram on back)

I hereby certify that the foregoing is true and correct

Signed M.C. Danne Title Engr. Asst. Date 8-12-91  
(This space for Federal or State office use)

Approved by \_\_\_\_\_ Title \_\_\_\_\_ Date 8/16/91  
Conditions of approval, if any:

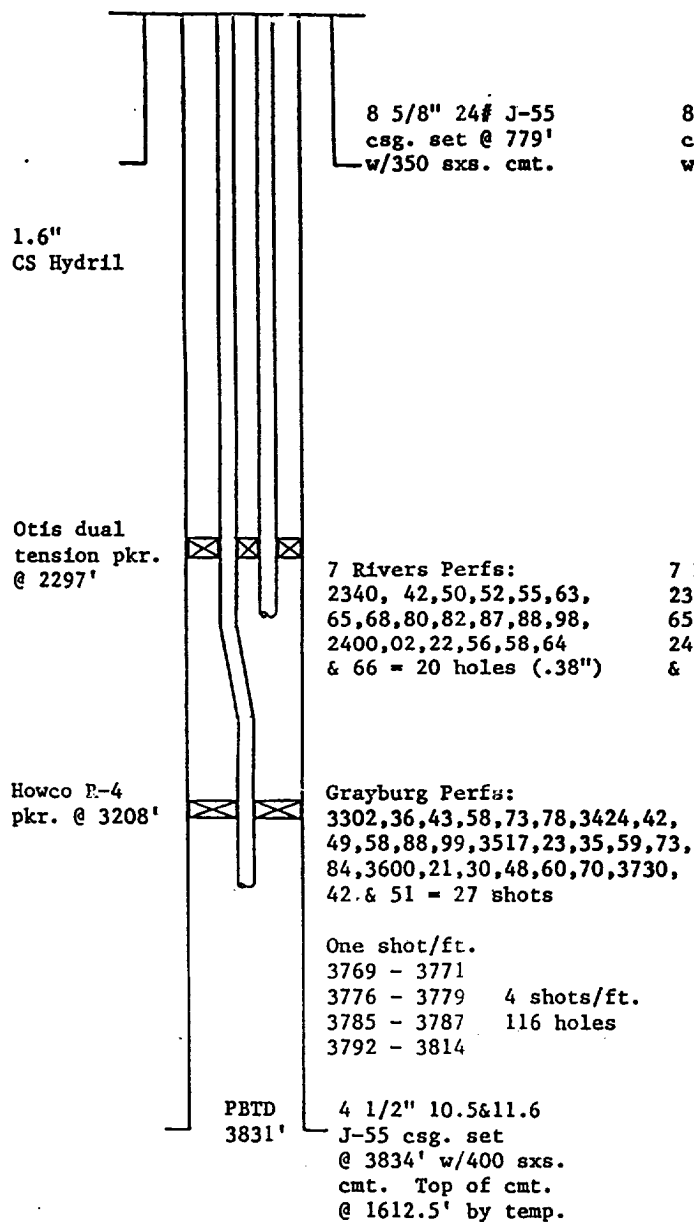
18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

\*See Instruction on Reverse Side

Lease: Skelly Unit  
Pool: Grayburg Jackson, Fren 7-Rivers  
Well: #73  
Completed: 12/16/61

Location: Unit ltr. L 2130 FSL  
& 660 FWL of Section  
23-17S, 31E, EDDY COUNTY  
New Mexico  
Elevation: 3866 DF, 3857 GL  
Date: 8/06/91

PRESENT



PROPOSED

