

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NM OIL CONG COMMISSION
Drawer DD
Artesia, NM 88210

C157

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

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: ☒ OIL WELL ☐ GAS WELL ☐ OTHER

2. Name of Operator
TEXACO EXPLORATION & PRODUCTION INC.

3. Address and Telephone No. P.O. BOX 730, HOBBS, NM 88240 397-0426

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Unit Letter E : 1980 Feet From The NORTH Line and 660 Feet From The
WEST Line Section 15 Township 17S Range 31E

5. Lease Designation and Serial No.
LC-029420 A

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and Number
SKELLY UNIT
109

9. API Well No.
30 015 20468

10. Field and Pool, Exploratory Area
GRAYBURG JACKSON 7RVS QN GB SA

11. County or Parish, State
EDDY, NEW MEXICO

12. Check Appropriate Box(s) To Indicate Nature of Notice, Report, or Other Data

TYPE OF SUBMISSION

- ☐ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ OTHER: returned to production
☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log Form.)

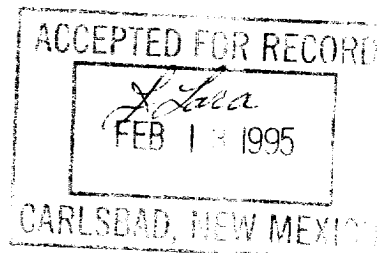
13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*.

The Subject well was returned to production effective 1/11/95.

RECEIVED

FEB 15 1995

OIL CON. DIV.
DIST. 2



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

SIGNATURE [Signature] TITLE Engineering Assistant DATE 1/13/95

TYPE OR PRINT NAME Darrell J. Carriger

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

Title 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.

