

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
Artesia, NM 88210

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

clsp

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	<div>RECEIVED BY FEB 27 1986 O. C. D. ARTESIA OFFICE</div>	5. LEASE DESIGNATION AND SERIAL NO. IC-029419 (A)
2. NAME OF OPERATOR Texaco Producing Inc. ✓		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 728, Hobbs, NM 88240		7. UNIT AGREEMENT NAME Skelly Unit
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.) See also space 17 below. At surface Unit Letter I, 1880 FSL & 660 FEL		8. FARM OR LEASE NAME
14. PERMIT NO. 30-015-22252	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3850' KB, 3840' GL	9. WELL NO. 118
		10. FIELD AND POOL, OR WILDCAT Fren Seven Rivers
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 22, T17S, R31E
		12. COUNTY OR PARISH Eddy
		13. STATE NM

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

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

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.) *

- 1) MIRU pulling unit. Pull rods and tubing, Install BOP. Ran 4 5/8" bit and 5 1/2" casing scraper to 2500'.
- 2) POH. TIH w/tbg. pkr. and tailpipe to 2439'. Spot 225 gals. descaling compound.
- 3) Acidize perfs 2309'-2433' w/3150 gals 15% NEFE acid and 35 ball sealers. Swab load back.
- 4) POH w/tbg and pkr. RIH w/tbg, rods, and pump. Rig down.

ACCEPTED FOR RECORD

SWD
FEB 26 1986

CARISBAD, NEW MEXICO

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

SIGNED W.B. L... TITLE District Oper. Manager DATE 02/19/86

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side