

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE  
(Other instructions on re-  
verse side)

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

45K

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 ☐ GAS WELL ☐ OTHER

2. NAME OF OPERATOR  
Texaco Producing Inc.

3. ADDRESS OF OPERATOR  
P.O. Box 730 Hobbs, New Mexico 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)  
At surface  
Letter K, 2130' FSL & 1988' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, OR, etc.)  
3860' GL

5. LEASE DESIGNATION AND SERIAL NO.  
LC-029420-B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME  
Skelly Unit

8. FARM OR LEASE NAME  
Skelly Unit

9. WELL NO.  
151

10. FIELD AND POOL, OR WILDCAT  
Fren Seven Rivers

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 15, T-17-S, R-31-E

12. COUNTY OR PARISH 13. STATE  
Eddy NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input checked="" type="checkbox"/>
(Other)	<input type="checkbox"/>		<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.) \* 9-22-90 thru 9-25-90

1. MIRU PU POH w/ pump and rods install BOP.
2. POH w/tbg
3. GIH w/ cmt retainer on 2 3/8 tbg set @ 2270 ft.
4. Pmp 25 sx cmt on top of retainer
5. Load hole w/ salt get mud pull up hole and spot 25 sx f/ 1836-1608
6. WOC, tap plug pull up hole spot 25 sx cmt 635-335, WOC
7. Tag plug pull up hole spot 7 sx from 50' to surface
8. Cut off & set marker.

Post ID-2  
11-9-90  
P & A

RECEIVED  
OCT 18 10 54 AM '90  
OCT 18 1990  
OCT 18 1990

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

SIGNED Richard Aceto

TITLE Engineering Technician

DATE 10-16-90

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE 10-19-90

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

