UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Drawer DD
Artesia, NM 88210

LC- 029419XA

C/SF

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.)

RECEIVED BY
SEP 16 1985
O. C. D.
ARTESIA, OFFICE

1. OIL WELL XX GAS WELL ☐ OTHER

2. NAME OF OPERATOR
TEXACO PRODUCING INC.

3. ADDRESS OF OPERATOR
P.O. Box 728, Hobbs, NM 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface
Unit Letter P, 1310' FSL, 1310' FEL

7. UNIT AGREEMENT NAME
Skelly Unit

8. FARM OR LEASE NAME

9. WELL NO.
158

10. FIELD AND POOL, OR WILDCAT
Grayburg Jackson SR-Q
Fren Seven Rivers-G-SA

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 22, T-17-S, R-31-E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3837.1 GR

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	☐	PULL OR ALTER CASING	☐	WATER SHUT-OFF	☐	REPAIRING WELL	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETE	☐	FRACTURE TREATMENT	☐	ALTERING CASING	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☐	SHOOTING OR ACIDIZING	☐	ABANDONMENT*	☐
REPAIR WELL	☐	CHANGE PLANS	☐	(Other) Spudded well			X
(Other)				(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.)*

Spudded 15" hole @ 1:15 A.M. 08-27-85, 284' TD

1. Ran 12 jts 11-3/4" 42# H-40 ST&C csg. Set @ 490'.
2. Cmtd w/500 sx Cl H cmt w/2% CaCl & 1/4# flocele per sk. Cir 110 sx to surf. JC @ 4:30 P.M. WOC in excess of 18 hrs.
3. Tstd csg to 600# for 30 mins. 4-4:30 P.M., 08-28-85. Tstd O.K. JC @ 4:30 P.M.

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

SIGNED M A Baker II TITLE Dist. Oper. Mgr. DATE 09-04-85

(This space for Federal or State office use)

APPROVED BY ACCEPTED FOR RECORD TITLE DATE
CONDITIONS OF APPROVAL, IF ANY:

SEP 13 1985

CARLSBAD, NEW MEXICO

*See Instructions on Reverse Side

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