

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on back)

Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO

LC-029419 (A)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 728, HOBBS, N.M. 88240 ARTESIA, NM 88210

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

Unit Ltr. N, 1310' FSL & 2630' FWL

RECEIVED BY

OCT 2 - 1985

O. C. D.

7. UNIT AGREEMENT NAME

Skelly Unit

8. FARM OR LEASE NAME

9. WELL NO.

159

10. FIELD AND POOL OR WILDCAT
Grayburg Jackson Fren

7-Rivers-C-57
11. SEC., T., E., M., OR BLK. AND
SURVEY OR AREA

Sec. 22, T17S, R31E

14. PERMIT NO.

3001525091

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

3736.6 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:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

Drilling

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

X

(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.)

TD 1888'

12 Jts, 11 3/4", 42#, H-40, ST&C, Set at 500'

1. Ran 48 jts, 8 5/8" 24#, K-55, ST&C csg. Set at 1888'.
2. Cmt'd. w/650 sx 50/50 POZ "H" w/10# per sk salt and 1/4# per sk Floseal. Tail w/250 sx cl "H" w/1/4# per sk Floseal. Circ. 176 sx. WOC in excess of 18 hours.
3. Tst. 8 5/8" csg to 1000# for 30 min. 7:00-7:30 AM, 9/14/85. Tstd. OK. JC at 7:30 AM.

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

SIGNED

WABahn II

TITLE

Dist. Opr. Mgr.

DATE

9/23/85

(This space for Federal or State office use)

APPROVED BY

ACCEPTED FOR RECORD

TITLE

DATE

SEP 23 1985

CONDITIONS OF APPROVAL IF ANY:

SEP 30 1985

*See Instructions on Reverse Side