

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
SUNDARY NOTICES AND REPORTS ON WELLS

SUBMIT IN TRIPLICATE
(Other instructions reverse side)

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

5. LEASE DESIGNATION AND SERIAL NO

LC-029419 (A)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Skelly Unit

8. FARM OR LEASE NAME

9. WELL NO.

160

10. FIELD AND POOL, OR WILDCAT

Grayburg Jackson Fren
7-Rivers - B-G-SH

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

22, T17S, R31E

12. COUNTY OR PARISH 13. STATE

Eddy

NM

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Texaco Producing Inc.

3. ADDRESS OF OPERATOR

P.O. Box 728, 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

Unit Ltr M, 1270' FSL & 1310' FWL

14. PERMIT NO.

30-015-25042

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

3814.3 GR

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 PLANE

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

Spudded well

(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 at 2:45 PM, 9/23/85. TD 487'.

1. Ran 12 jts, 11 3/4" -42#, H-40 ST&C. Set at 487'.
2. Cmted. w/500 sx cl "H" w/2% CaCl and 1/4# per sk floseal. Circ. 170 sx to surface. WOC in excess of 18 hours.
3. Tstd. 11 3/4" csg to 1000# for 30 min. from 10:30-11:00 AM. 9/24/85.
Tstd. OK. JC at 11:00 AM.

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

SIGNED

W. A. Baker II

TITLE Dist. Opr. Mgr.

DATE 9/26/85

(This space for Federal or State office use)

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

TITLE

DATE

OCT 4 1985

*See Instructions on Reverse Side