

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
Denver DD

SUBMIT IN TRIPPLICATE*
(Other instructions on re-

Expires August 31, 1985

3. 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 - 8-6-57
11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA
22, T17S, R31E

12. COUNTY OR PARISH
Eddy
13. STATE
NM

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different formation.
Use "APPLICATION FOR PERMIT—" for such proposals.)

RECEIVED BY

OCT 7 1985

O.C.D.

ARTESIA, OFFICE

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

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 PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) Drilling ☒

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☐

(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.)*

TOTAL DEPTH 1920'

12 Jts., 11 3/4", 42#, H-40 ST&C set at 487'.

1. Ran 46 jts., 8 5/8" csg., 24#, J-55, ST&C, set at 1920'.
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. 150 sx. to surf. WOC in excess of 18 hours.
3. Tstd. 8 5/8" csg. to 1000# for 30 min. from 2:45-3:15 AM, 9/27/85. Tstd. OK. JC at 3:15 AM.

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

SIGNED W. B. Baker II

TITLE Dist. Opr. Mgr.

DATE 9/30/85

(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