

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

SUBMIT IN TRIPPLICATE
(Other Instructions Consider)

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

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

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 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*

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.)

TOTAL DEPTH 3900'

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

46 jts, 8 5/8", 24#, J-55 ST&C set at 1920'

1. Ran 95 jts, 5 1/2", 15.5#, J-55, ST&C set at 3900'.
2. Cmt'd. 1st stage w/650 sx 50/50 POZ "H" w/1/4# per sk floreal. 2nd stage 450 sx cl "H" w/2% CACL. Circ. 30 sx WOC in excess of 18 hours.
3. Tested 5 1/2" csg to 1500# for 30 min from 3:00-3:30 PM 10/4/85. Tested OK. JC at 3:30 PM, 10/4/85

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

SIGNED W.A. Baker

TITLE DIST. OPR. MGR.

DATE 10/10/85

(This space for Federal or State office use)

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

TITLE

DATE

OCT 21 1985

*See Instructions on Reverse Side