

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division FORM APPROVED
811 S. 1st Street Budget Bureau No. 1004-0135
Artesia, NM 88210-2834 Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.

Use "APPLICATION FOR PERMIT --" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well: ☐ OIL WELL ☒ GAS WELL ☐ OTHER

2. Name of Operator
TEXACO EXPLORATION & PRODUCTION INC.

3. Address and Telephone No. P.O. Box 3109, Midland Texas 79702 688-4606

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Unit Letter E : 1650 Feet From The NORTH Line and 990 Feet From The
WEST Line Section 15 Township 17-S Range 31-E

5. Lease Designation and Serial No.
LC 0294208

6. If Indian, Alottee or Tribe Name

7. If Unit or CA, Agreement Designation
SKELLY UNIT

8. Well Name and Number
SKELLY UNIT
902

9. API Well No.

10. Field and Pool, Exploratory Area
FREN, MORROW;PADDOCK: UNDESIG. WOLFCAMP

11. County or Parish, State
EDDY, NM

12. Check Appropriate Box(s) To Indicate Nature of Notice, Report, or Other Data

TYPE OF SUBMISSION	TYPE OF ACTION	
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> OTHER: LEASE RESPONSIBILITY	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log Form.)

13. 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.)*

ATTACHED IS OUR LEASE RESPONSIBILITY STATEMENT FOR THIS WELL AS PER YOUR REQUEST 11/22/96.

RECEIVED
DEC 3 9 41 AM '96

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

SIGNATURE C. Wade Howard TITLE Eng. Assistant DATE 12/2/96

TYPE OR PRINT NAME C. Wade Howard

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

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 its jurisdiction.