

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division
811 S. 1st Street
Artesia, NM 88210-2834
APPROVED
Budget Bureau No. 1004-0135
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.: 205 E. Bender, HOBBS, NM 88240 397-0405
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 - 4
6. If Indian, Alottee or Tribe Name
7. If Unit or CA, Agreement Designation: SKELLY UNIT
8. Well Name and Number: SKELLY UNIT
9. API Well No.: 30-085-29322
10. Field and Pool, Exploratory Area: 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 checked="" 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"/> Attering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> OTHER: RECOMPLETE TO WOLFCAMP	<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.)

Texaco intends to recomplete this well from the existing Morrow formation to the Wildcat Wolfcamp formation. The intended procedure is as follows:

1. MIRU PU. NDWH. LOAD TBG W/FRESH WATER TO KILL WELL. INSTL BOP.
2. REL PKR. TOH W/TBG & PKR.
3. TIH W/BIT ON 2 7/8" TBG. C/O WELLBORE TO 11,940'.
4. RIH W/CIBP. SET CIBP @ 11,930'. DUMP 35' CMT ON CIBP W/BAILER. NEW PBTD @ 11,895'. LOAD WELLBORE W/10# BRINE. CHART FOR BLM.
5. INSTL LUBRICATOR. PERF 8552-8570'
6. TIH W/TREATING PKR ON TBG. SET PKR @ 8500'.
7. LOAD BACKSIDE W/2% KCL WATER & PRESS TEST TO 1000 PSI.
8. ACID TREAT WOLFCAMP PERFS USING 15% HCL & 114 7/8" BALL SEALERS.
9. SWAB BACK LOAD. EVALUATE WELL PRODUCTIVITY. IF PRODUCTIVE, REL PKR, TIH W/TBG. SET SN @ 8675'. RUN RDS & PMP. RETURN TO PROD & PLACE ON TEST. IF NOT PRODUCTIVE, CONTINUE W/STEP 10.
10. REL PKR & TOH W/PKR & TBG. REDRESS PKR SEALING ELEMENT. PU WS.
11. TIH W/WS & PKR. PRESS TEST PKR TO 8000 PSI. SET PKR @ 8500'. LOAD BACKSIDE W/2% KCL WTR. PRESS TEST TO 1000PSI.
12. FRACTURE TREAT WOLFCAMP FORMATION. FLOW WELL BACK.
13. REL PKR & TOH W/PKR & WS. C/O WELLBORE.
14. TIH W/PROD TBG. SET SN @ 8670'. REM BOP. RUN RDS & PMP. RETURN WELL TO PROD & PLACE ON TEST.

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

SIGNATURE J. Denise Leake TITLE Engineering Assistant DATE 11/22/1999

TYPE OR PRINT NAME J. Denise Leake

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE SE DATE 11/29/95

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.

DISTRICT I
P.O. Box 1980, Hobbs, NM 88241-1980
DISTRICT II
P.O. Box Drawer DD, Artesia, NM 88211-0719
DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410
DISTRICT IV
P.O. Box 2088, Santa Fe, NM 87504-2088

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-102

Revised February 10, 1994

Instructions on back
Submit to Appropriate District Office

State Lease - 4 Copies

Fee Lease - 3 Copies

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

¹ API Number 30-015-29322	² Pool Code	³ Pool Name WILDCAT WOLFCAMP
⁴ Property Code 11091	⁵ Property Name SKELLY UNIT	⁶ Well No. 902
⁷ OGRID Number 022351	⁸ Operator Name TEXACO EXPLORATION & PRODUCTION INC.	⁹ Elevation GR-3868'

¹⁰ Surface Location

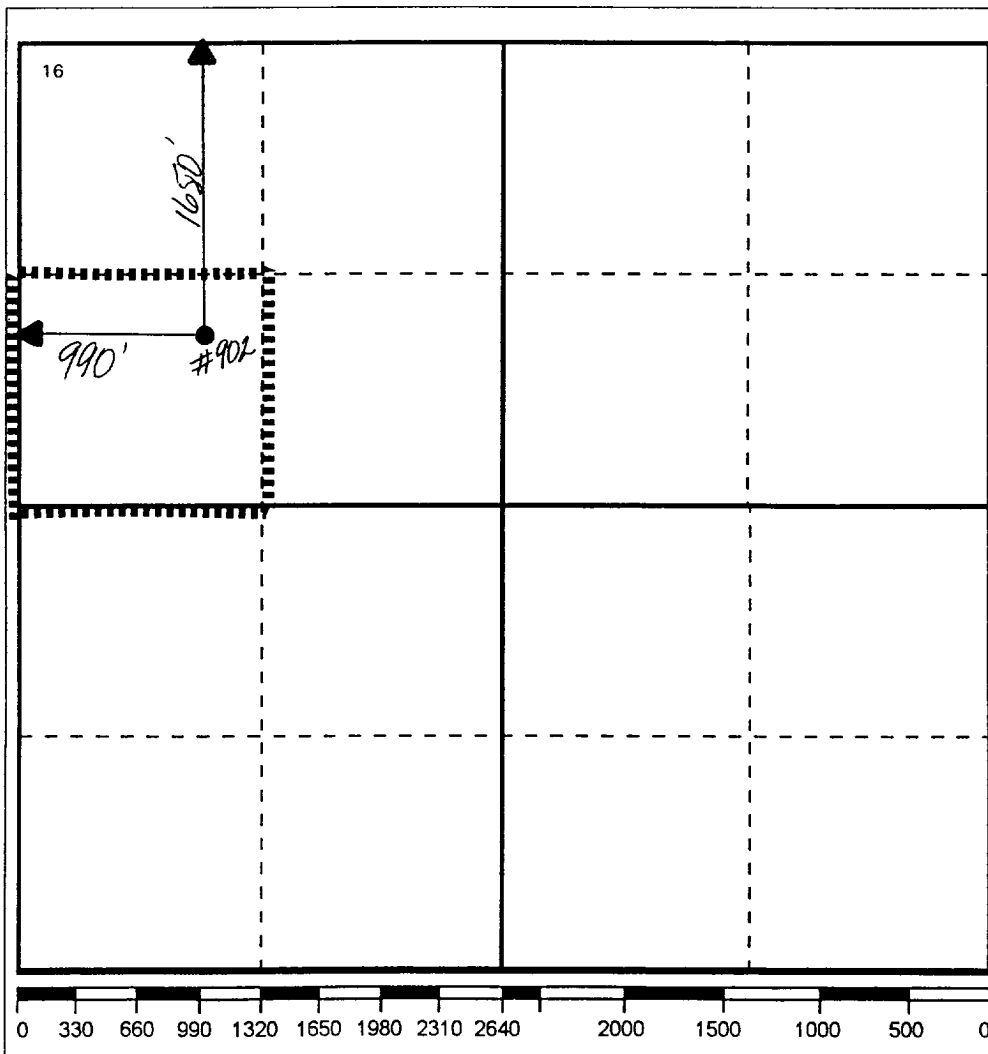
UI or lot no.	Section	Township	Range	Lot.Idn	Feet From The	North/South Line	Feet From The	East/West Line	County
E	15	17-S	31-E		1650	NORTH	990	WEST	EDDY

¹¹ Bottom Hole Location If Different From Surface

UI or lot no.	Section	Township	Range	Lot.Idn	Feet From The	North/South Line	Feet From The	East/West Line	County
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¹² Dedicated Acres 40	¹³ Joint or Infill No	¹⁴ Consolidation Code	¹⁵ Order No.
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NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED
OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION



17 OPERATOR CERTIFICATION

I hereby certify that the information
contained herein is true and complete to the
best of my knowledge and belief

Signature

J. Denise Leake

Printed Name

J. Denise Leake

Position

Engineering Assistant

Date

11/22/1999

18 SURVEYOR CERTIFICATION

I hereby certify that the well location shown
on this plat was plotted from field notes of
actual surveys made by me or under my
supervision, and that the same is true and
correct to the best of my knowledge and
belief.

Date Surveyed

Signature & Seal of
Professional Surveyor

Certificate No.