Form 3160-5
(June 1990)

**UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT**

N.M Oil Cons. Division FORM APPROVED
Budget Bureau No. 1004-0135
311 S. 1st ~~
Expires: March 31, 1993
8210-2834

SUNDRY NOTICES AND REPORTS ON WELLS

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

5. Lease Designation and Serial No.
LC-029420 B

Use "APPLICATION FOR PERMIT --" for such proposals

6. If Indian, Alottee or Tribe Name

SUBMIT IN TRIPLICATE

7. If Unit or CA, Agreement Designation
SKELLY UNIT

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

8. Well Name and Number
SKELLY UNIT

2. Name of Operator   TEXACO EXPLORATION & PRODUCTION INC.

901

3. Address and Telephone No.   P.O. Box 2100, Denver Colorado 80201   (303)793-4851.

9. API Well No.
30-015-29326

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Unit Letter   B : 990   Feet From The NORTH Line and 1850 ___ Feet From The

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

EAST   Line   Section 21   Township 17-S   Range 31-E

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	
	☐ Abandonment	☐ Change of Plans	
	☐ Recompletion	☐ New Construction	
☐ Notice of Intent	☐ Plugging Back	☐ Non-Routine Fracturing	
☑ Subsequent Report	☐ Casing Repair	☐ Water Shut-Off	
	☐ Altering Casing	☐ Conversion to Injection	
☐ Final Abandonment Notice	☑ OTHER: COMPLETION	☐ 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.)*

1. RU SCHLUMBERGER. TEST LUBRICATOR TO 2100#. PERF'D 8420'-8455' W/2 JSPF. TIH. 10-08-97.
2. FINISHED RUN 2-7/8" TB. JTS, SN, PKR. TAIL PIPE TO 8442'. DISPLACE HOLE W/2% KCL WATER, SPOT 200 GALS 15% NEFE ACID. LAY DOWN 2 JTS TBG. REVERSE 2 BBLS 2% KCL WATER SET PKR @ 7381'. ATTEMPTED TO BREAK DOWN PERFS. COULD NOT BREAK DOWN @ 3000#. SWAB FLUID F/TBG. PUMP 2300 GALS 15% ACID &28 BBLS FLUSH BROKE DOWN FORMATION @ 4370'. PUMP 1.25 BPM @ 3700#. BROKE BACK TO 2900#, THEN TO 2700#. 10-09-97.
3. RAN 2.50" X 1.75X 25' PUMP, RODS. 10-15-97.
4. HOOKED UP ELECTRICITY. PUMP TESTING. 10-17-97.
5. SET CIBP @ 8420'. DUMP 20' OF CEMENT ON TOP OF PLUG. TEST PLUG TO 3000#. PERF'D @ 8380'-8388' W/2 JSPF. 11-06-97.
6. PUMPED 1000 GALS 15% NEFE ACID. FORMATION WOULD NOT BREAK DOWN @ 4750#. 11-07-97.
7. SET CIBP @ 8350'. DUMP 20' OF CEMENT ON TOP OF PLUG. TEST PLUG TO 3000#. 11-12-97.
8. TIH OPEN ENDED WITH 187 JTS, 2-7/8" TBG. SPOT 200 GALS 15% NEFE ACID @ 5145'. 11-13-97.
9. PERF'D 5028'-31', 5037', 5045'-50', 5070'-72'. 5077'-82', 5096'-5101', 5105', 5142'-45', 5126'-28', 5151'-54', W/ 2 JSPF. PUMPED 2500 GALS 15% NEFE ACID. 11-14-97.
10. RAN 1.5 X 20' GAS ANCHOR, 2.5 X 1.750" X 22' PUMP, RODS. STARTED WELL PUMPING. 11-17-97.
11. PRESS TEST PLUG AND PIPE RAMS TO 3000#. PU TO 500'. SPOT 200 GALS 15% NEFE ACID. 12-04-97.
12. PERF'D 4820'-4835', 4881'-4883', 4897'-4899', 4906', 4913'-4919', 4924',4931'-4939', 4946'-4947', 4954'-4958', 4975'-4990'. SET PKR @ 4753'. 12-05-97.
13. BREAK DOWN PERFS W/ SPOT ACID. TOOK 2370# @ 2.7 BPM, PUMPED 500 GALS 15% NEFE ACID. 12-06-97.
14. RAN MA, SN, JTS, 2-7/8" TBG, ANCHORS. 2.5 X 1.750X 24' PUMP, K-BARS, RODS. 12-10-97.
15. PUMPED 42,000 GALS ACID FRAC. 21,000 GALS YF 330, 21,000 GALS 20% HCL ACID IN 3 STAGES OF 7100 GALS YF 330 7100 20% HCL ACID. 12-25-97. RAN GAS ANCHOR, 2.5" X 1.750" X 22' PUMP, RODS.K-BARS. 12-31-97.
16. OPT: PUMPED 33 BO, 295 BW, 186 MCF GAS IN 24 HOURS. 01-08-97.

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

SIGNATURE C .P. Basham \SR H   TITLE Eng. Assistant.   DATE   1/14/97

TYPE OR PRINT NAME   Sheilla D. Reed-High

(This space for Federal or State office use)

APPROVED
CONDITIONS OF APPROVAL. IF ANY: _____ TITLE _____ DATE _____

DeSoto/Nichols 10-94 ver 2.0