

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FOR INFORMATION ONLY

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: September 30, 1990

RECEIVED

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

ARTESIA OFFICE

1. Type of Well  
☐ Oil Well ☐ Gas Well ☒ Other Injection Well  
2. Name of Operator  
Texaco Exploration & Production Inc.

3. Address and Telephone No.  
P.O. Box 730, Hobbs, NM 88241-0730 (505) 393-7191

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
Unit Letter F, 1980' FNL & 1980' FWL  
Sec. 28, T-17-S, R-31-E

5. Lease Designation and Serial No.

LC-029420 B

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

Skelly Unit

8. Well Name and No.

Skelly Unit #93

9. API Well No.

30-015-04885

10. Field and Pool, or Exploratory Area

Grayburg Jackson  
SR-QN-GB-SA

11. County or Parish, State

Eddy, New Mexico

2. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" 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	

Test Casing for TA

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

3. 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.)\*

11-13-91

- Conducted casing integrity test on the above well.
- Tested 5 1/2" casing from CIBP @ 3160' to surface w/300# for 30 minutes. Held OK.
- Tested to 300# as per NMOCDC guidelines.
- Request temporarily abandon well status through 11-21-94.

(COPY OF CHART ON REVERSE SIDE)

ORIGINAL CHART ATTACHED

I hereby certify that the foregoing is true and correct

Signed M. C. Dumas Title Engr. Asst.

Date 11-21-91

(This space for Federal or State office use)

Approved by \_\_\_\_\_  
Conditions of approval, if any:

Title \_\_\_\_\_

Date \_\_\_\_\_

5 DAY → 7

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