

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved,
Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

LC-029420-B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Skelly Unit

8. FARM OR LEASE NAME

Skelly Unit

9. WELL NO.

92

10. FIELD AND POOL, OR WILDCAT

Grayburg Jackson

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 28, T-17-S, R-31-E

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 730, Hobbs, NM 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)

At surface

Letter E, 1980' FNL & 660' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3764' GL

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 COMPLETION

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(NOTE: Report results of multiple completion on Well
Completion or Recore Completion 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.)*

11/26/90 thru 11/28/90

- 1) MIRU PU.
- 2) TOH laying dn rods, pmp & tbgs.
- 3) Set cmt rtnr @ 3065' sqz perfs w/75 sx Cl C.
- 4) Cir hole w/salt gel mud.
- 5) Perf w/2 JSPI @ 1635,740,50'.
- 6) Set rtnr @ 1535'. Pmp 40 sx Cl C.
- 7) Set rtnr @ 475'. Pmp 75 sx Cl C.
- 8) Pmp 125 sx Thix-set @ 250 gal Flocheck 50' to surf.
- 9) Cut off WH. Instld marker. Cld locn.

RECEIVED
DEC 28 10 55 AM '90
CARR
AREA

Post ID-2
1-18-91
P & A

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

SIGNED

Richard Dado

TITLE Engineering Technician

DATE 12/21/90

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side