

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)

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

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Injection Well		5. LEASE DESIGNATION AND SERIAL NO. LC-029420-B
2. NAME OF OPERATOR Texaco Producing Inc. /		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 730, Hobbs, NM 88240		7. UNIT AGREEMENT NAME Skelly Unit
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Unit Letter J, 1980' FSL & FEL		8. FARM OR LEASE NAME Skelly Unit
14. PERMIT NO.		9. WELL NO. 98
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3783' DF		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

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
(Other) <input type="checkbox"/>	

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

12/11/90 thru 12/14/90

- 1) MIRU PU.
- 2) C/O w/scraper to 3700'.
- 3) Set CIBP @ 3700'. Cap w/40' cmt.
- 4) Set CIBP @ 3300'. Cap w/40' cmt.
- 5) Perf csg @ 1725'.
- 6) Set cmt plug 1775-1620'.
- 7) Perf @ 820'. Set cmt rtnr @ 570'. Sqz 90 sx Cl H.
- 8) Perf @ 50'. Cir 30 sx Cl H fr 50' to surf.
- 9) Cut off WH. Instld Marker. Clnd locn.

RECEIVED  
Dec 28 10 54 AM '90  
C. J. D.

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

SIGNED Richard D. Dett

TITLE Engineering Technician

DATE 12/21/90

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE 1-4-91

\*See Instructions on Reverse Side