

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLI
(Other instructions
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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.)

RECEIVED

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Water Injection Well
2. NAME OF OPERATOR Texaco Producing Inc. ✓
3. ADDRESS OF OPERATOR P. O. Box 728, Hobbs, New Mexico 88240
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Unit Letter H, 1980' FNL and 660' FEL
14. PERMIT NO.
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3803' DF 3801' GL

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
9. WELL NO. 95
10. FIELD AND POOL, OR WILDCAT Grayburg Jackson SR-QN-GB-SA
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 28, T17S, R31E
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:

SUBSEQUENT REPORT OF:

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"/>	Temporary Abandon X

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 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.) *

Reclassify from SI-INJ to TR-INJ (Held for Remedial work) status.

Notify BLM-Carlsbad and NMOCD-Artesia 24 hours prior to beginning work.

1. MIRU pulling unit. Install BOP. Release packer. Pull tubing and packer.
2. By wireline, RIH with gauge ring and junk basket to + 3180'. POH. RIH with 5-1/2" CIBP and set @ ± 3150'. Cap with 35' of cement using dump bailer. POH.
3. RIH with tubing to PBTD. Circulate casing with inhibited water. Test casing to 500 psi for 15 minutes. POH.
4. Rig down pulling unit.

18. I hereby certify that the foregoing is true and correct 397-3571

SIGNED John A. Heas TITLE Hobbs Area Superintendent DATE June 28, 1988

(This space for Federal or State office use)

APPROVED BY Subject to TITLE Like Approval

CONDITIONS OF APPROVAL, IF ANY: by State

DATE 7-21-88

See Instructions on Reverse Side