

PRINTED IN U.S.A.

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Texas
SKULL Unit 93
INSTRUMENT ENGINEERS

28-17-31

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TA

12/23/91

This Approval or Temporary
Abandonment Expires 12/23/91

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED

DEC - 4 1991

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

5. Lease Designation and Serial No.

LC-029420 B

6. If Indian, Allotment or Tribe Name

7. If Unit or CA, Agreement Designation

Skelly Unit

8. Well Name and No.

Skelly Unit #95

9. API Well No.

30-015-05441

10. Field and Pool, or Exploratory Area

Grayburg Jackson
SR-QN-GB-SA

11. County or Parish, State

Eddy, New Mexico

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

1. Type of Well

☐ Oil Well ☐ Gas Well ☒ Other Water 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 H, 1980' FNL & 660' FEL

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

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

TYPE OF SUBMISSION

- ☐ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other

- ☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection

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

1. Conducted casing integrity test on the above well.
2. Tested 5 1/2" casing from CIBP @ 3150' to surface w/300# for 30 minutes. Held OK.
3. Tested to 300# as per NMOCD guidelines.
4. Request temporarily abandon well status through 11-21-94.

(COPY OF CHART ON REVERSE SIDE)

ORIGINAL CHART ATTACHED

This Approval of Temporary
Abandonment Expires

12/96

Gary Williams

CIBP 3300 35ft cement Perf 3337

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

Signed J. C. Amie

Title Engr. Asst.

Date 11-21-91

(This space for Federal or State office use)

Approved by _____
Conditions of approval, if any:

APPROVED FOR 12 MONTH PERIOD
ENDING 11/30/92

Date 11/29/91

de 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

*See Instruction on Reverse Side

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Texaco
Skelly Unit #95

28-17-31

DATE

TIME

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DATE

TIME

BY

DRILL TA

12/23/91 Geo

This Approval of Temporary
Abandonment Expires 12/96

NIGHT

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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1. Type of Well <input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other Water Injection Well	5. Lease Designation and Serial No. LC-029420 B
2. Name of Operator Texaco Exploration & Production Inc.	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. P.O. Box 730, Hobbs, NM 88241-0730 (505) 393-7191	7. If Unit or CA, Agreement Designation Skelly Unit
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Unit Letter H, 1980' FNL & 660' FEL Sec. 28, T-17-S, R-31-E	8. Well Name and No. Skelly Unit #95
	9. API Well No. 30-015-05441
	10. Field and Pool, or Exploratory Area Grayburg Jackson SR-QN-CB-SA
	11. County or Parish, State Eddy, New Mexico

12. **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 checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
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(COPY OF CHART ON REVERSE SIDE)

ORIGINAL CHART ATTACHED

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

Signed [Signature] Title Engr. Asst. Date 11-21-91

(This space for Federal or State office use)

Approved by [Signature] Title 12 MONTH PERIOD Date 11/29/91

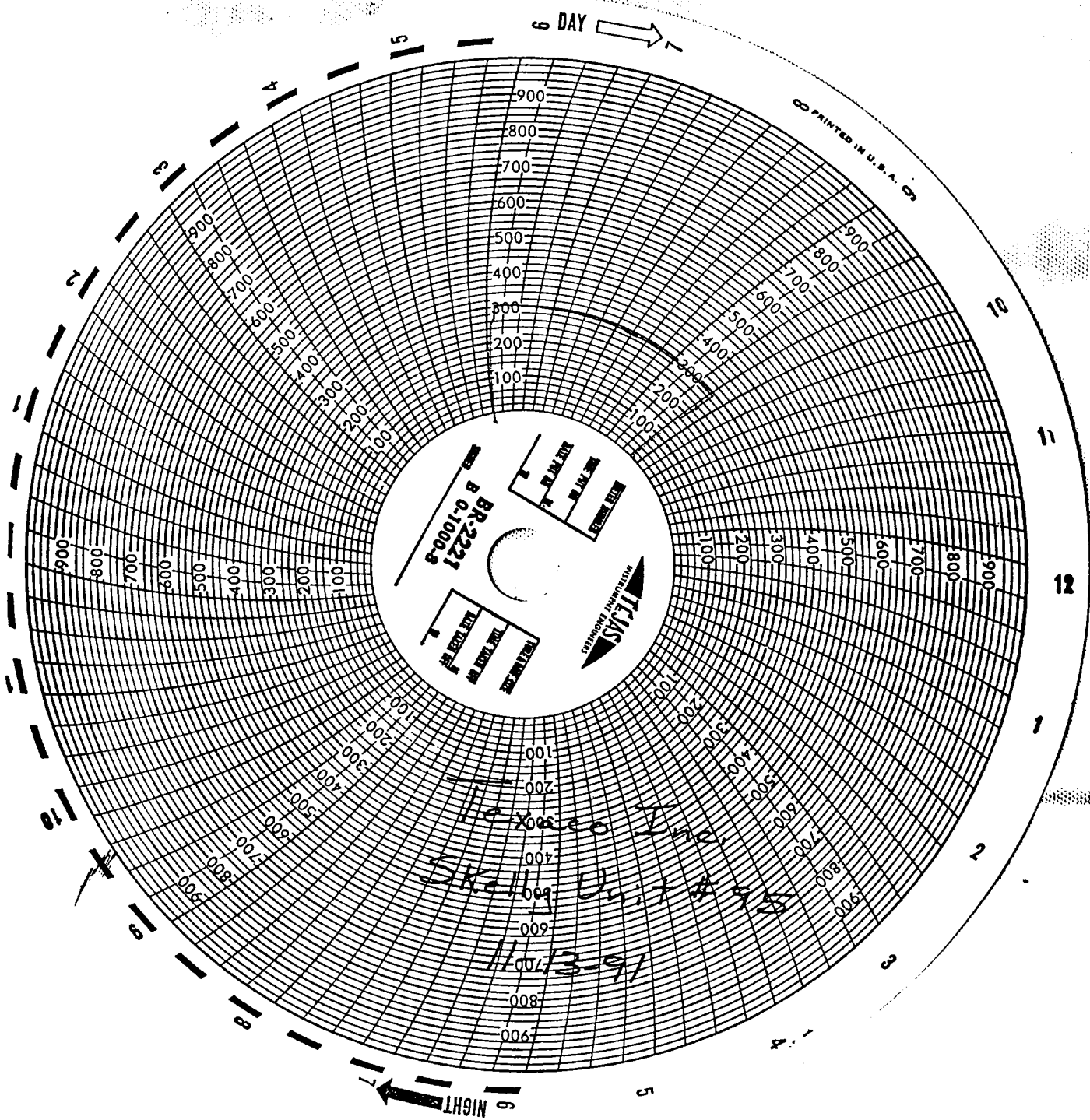
Conditions of approval, if any:

ENDING

11/30/92

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UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FOR INFORMATION ONLY

NOV 27 1991

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

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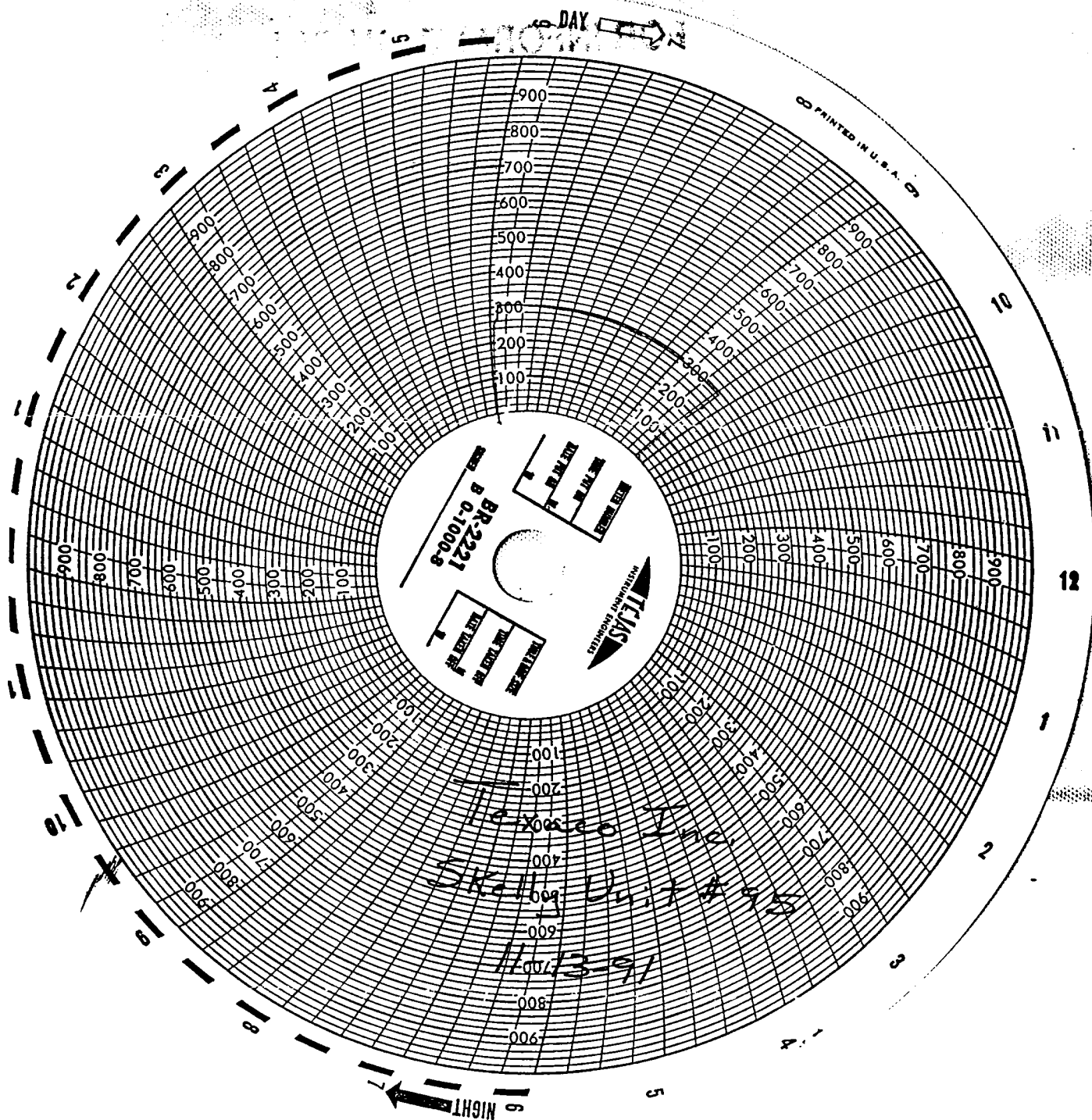
Signed J. C. Dinkley Title Engr. Asst. Date 11-21-91

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____
Conditions of approval, if any:

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*See Instruction on Reverse Side



Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Texaco Exploration and Production Inc.		Well API No. 30 015 05441
Address P. O. Box 730 Hobbs, New Mexico 88240-2528		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain) EFFECTIVE 6-1-91		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator Texaco Producing Inc. P. O. Box 730 Hobbs, New Mexico 88240-2528		

II. DESCRIPTION OF WELL AND LEASE

Lease Name SKELLY UNIT	Well No. 95	Pool Name, Including Formation GRAYBURG JACKSON 7RVS-QN-GB-SA	Kind of Lease State, Federal or Fee FEDERAL	Lease No. 685460
Location Unit Letter <u>H</u> : 1980 Feet From The <u>NORTH</u> Line and <u>660</u> Feet From The <u>EAST</u> Line Section <u>28</u> Township <u>17S</u> Range <u>31E</u> , NMPM, <u>EDDY</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil INJECTOR <input type="checkbox"/>	or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)				
Name of Authorized Transporter of Casinghead Gas INJECTOR <input type="checkbox"/>	or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twsp.	Rge.	Is gas actually connected?	When ?

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size <u>6-7-91</u>
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF <u>Long OP</u>

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

K. M. Miller
Signature
K. M. Miller
Printed Name
May 7, 1991
Date
Div. Ops. Engr.
Title
915-688-4834
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUN - 4 1991

ORIGINAL SIGNED BY
By MIKE WILLIAMS
SUPERVISOR, DISTRICT II

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.