

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
NM 11-0285, 6081P  
SUBMIT IN TRIPL  
(Other instructions  
verse side)  
Alameda, NM 88210

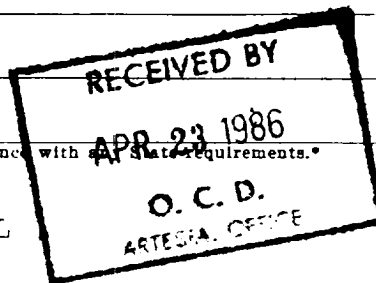
Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

215F

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME Skelly Unit
2. NAME OF OPERATOR Texaco Producing Inc.	8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR P. O. Box 728, Hobbs, NM 88240	9. WELL NO. 137
4. LOCATION OF WELL (Report location clearly and in accordance with state requirements. See also space 17 below.) At surface Unit Letter C, 810' FNL & 2080' FWL	10. FIELD AND POOL, OR WILDCAT Fren Seven Rivers
14. PERMIT NO. 30-015-22506	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 28, T17S, R31E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3795' DF 3787' GL	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"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input checked="" type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <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.) \*

- 1) MIRU pulling unit. Pull rods and tubing. Install BOP. Run bit and scraper to PBTD (2508').
- 2) Spot descaling compound across perfs 2240'-2329' (25 gals 541 nonionic surfactant, 110 gals 5392 descaling compound, 5 gals 532 anionic surfactant, and 110 gals fresh water). Shut in overnight.
- 3) Acidize perfs @ 2240'-2329' with 3,000 gals 15% NEFE acid and 20 ball sealers.
- 4) Swab back load.
- 5) Squeeze 7-rivers perfs with 110 gals H35 scale inhibitor. Overflush with 100 bbls of 2% KCL water.
- 6) Place well back on production.

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

SIGNED W. Browning  
(This space for Federal or State office use)

TITLE District Admin. Supervisor DATE 04/07/86

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

TITLE \_\_\_\_\_ DATE 4-22-86

\*See Instructions on Reverse Side