Form 3160-5 (June 1990)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

NM OIL CONS COMMISSION (5)

TO MAPPROVED

Drawer Dungam No Bio 20135

Artesia March 31 1000

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	AT	. •	Expi	es: Ma	rch 31,	1993
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SUNDRY NOTICES AND REPORTS ON WELLS	Lease Designation and Serial No. LC-029420-B If Indian, Alottee or Tribe Name 7. If Unit or CA, Agreement Designation	
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 GAS OTHER	8. Well Name and Number SKELLY UNIT (was DOW 'B' 28 FEDERAL #1)	
Name of Operator TEXACO EXPLORATION & PRODUCTION INC.	161	
3. Address and Telephone No. P.O. Box 46510, Denver Colorado 80201-6510 (303)621-485	9. API Well No. 30-015-28140	
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)	10. Field and Pool, Exploratory Area	
Unit Letter K 1650 Feet From The SOUTH Line and 2310 Feet From The	CEDAR LAKE, EAST	
WEST Line Section 28 Township 17-S Range 31-E	11. County or Parish, State EDDY , NM	
12. Check Appropriate Box(s) To Indicate Nature of Notice, Re	eport, or Other Data	
TYPE OF SUBMISSION	YPE OF ACTION	
Abandonment Recompletion Plugging Back Subsequent Report Casing Repair Altering Casing Final Abandonment Notice OTHER: COMPLETION	Change of Plans New Construction Non-Routine Fracturing Water Shut-Off Conversion to Injection Dispose Water (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log Form.)	
 Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones per per per per per per per per per per	LL ACIDIZED W/ 5000 GAL 7-1/2% HCL. S. 02-27-95. OFF TOOL ON 2-7/8 TBG. 04-05-95. OFF TOOL ON 2-7/8 TBG. DOWELL	

14 I hereby certify that the foregoing is true and correct SIGNATURE C.P. Baskam / STATITLE Drilling Operation	ns Mgr. DATE 5/9/95
TYPE OR PRINT NAME C. P. Basham	
(This space for Federal or State office use)	
APPROVED BYTITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:	