

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-101
Revised 12-1-73

1. Indicate Type of Lease State <input type="checkbox"/> Fee <input checked="" type="checkbox"/>	
2. State Oil & Gas Lease No.	
3. Unit Agreement Name Skelly Penrose A Unit	
4. Farm or Lease Name	
5. Well No. 1	
6. Field and Pool, or Wildcat Eangle Mattix	
7. Elevation (Show whether DF, RT, GR, etc.) 3330 DF	
8. County LEA	

11-5-85 MIRU pulling unit and TOH with rods and pump. Install BOP.

11-6-85 TOH with tubing.

11-7-85 TIH with bit and clean out open hole to 3645' (TD). TOH.

11-12-85 Fractured open hole 3378-3645 with 25000 gallons of 30# x-linked water with 1 1/2-5 ppg 12/20 sand.

11-13-85 Circulated out excess frac sand and cleaned well bore to 3645.

11-19-85 TIH with 6.5#, 2 7/8", J-55 tubing, rods and pump to 3574' Returned to production

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPS. <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER <input type="checkbox"/>

Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

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W.B. Galt
Dist. Opr. Mgr.
12-11-85
ORIGINAL SIGNED BY JERRY DEXTON
DISTRICT SUPERVISOR
DEC 23 1985

RECEIVED
DEC 20 1985
O.C.D.
HOBBS OFFICE

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

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LAND OFFICE		
TRANSPORTER	OIL	
	NAT	
OPERATOR		
PRODUCTION OFFICE		

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
TEXACO Producing Inc.

Address
P. O. Box 728, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain)
Change of Operator from Getty to TEXACO Producing Inc. 12/31/84

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Skelly Penrose "A" Unit 1	Well No. 1	Pool Name, including Formation Langlie Mattix	Kind of Lease State, Federal or Fee FEE	Lease No.
Location Unit Letter K : 1980 Feet From The South Line and 1980 Feet From The West Line of Section 34 Township 22S Range 37E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas New Mexico Pipeline Co. (0055-0474)	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2528, Hobbs, N.M. 88240
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> TEXACO Producing Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 3000, Tulsa, OK 74102
If well produces oil or liquids, give location of tanks. Unit K Sec. 34 Twp. 22S Rge. 37E	Is gas actually connected? Yes When Unknown

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

W. B. Loh

(Signature)

District Operations Manager

(Title)

March 27, 1985

(Date)

OIL CONSERVATION DIVISION

APPROVED June 1, 1985

BY *James L. Sinton*
DISTRICT 1 SUPERVISOR

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiple completed wells.

RECEIVED

MAY 31 1985

OFFICE
HON. J. [illegible]