

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

P.O. Box Drawer DD, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

WELL API NO.

3002532179

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil / Gas Lease No.

7. Lease Name or Unit Agreement Name

Skelly Penrose A Unit

SUNDRY NOTICES AND REPORTS ON WELL
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: OIL WELL ☒ GAS WELL ☐ OTHER

2. Name of Operator
TEXACO EXPLORATION & PRODUCTION INC

3. Address of Operator
P.O. BOX 730, HOBBS, NM 88240

8. Well No.
71

9. Pool Name or Wildcat
Langlie Mattix 7RQG

4. Well Location
Unit Letter N : 990 Feet From The S Line and 1980 Feet From The W Line
Section 34 Township 22S Range 37E NMPM LEA COUNTY

10. Elevation (Show whether DF, RKB, RT, GR, etc.) GR=3320', KB=3340'

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPERATION ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: Complete Langlie Mattix ☒

12. 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.

Intent: Complete well in unitized Langlie Mattix 7 Rivers Queen Grayburg interval

Objective: Plug back San Andres, complete Langlie Mattix

- 1) Set 5 1/2" CIBP @ 3864', cap w/35' cement. PBTD= 3829'
- 2) Perf Langlie Mattix w/4-0.61" JSPF 3553-3574' (84 holes)
- 3) Acidize perms w/2100 gal 15%, Frac w/68K sand & 18K 30# gel
- 4) 05-26-94: Pump 24 oil, 306 wtr, 40 MCF

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Larry W. Johnson TITLE Engineering Assistant

DATE 6/15/94

TYPE OR PRINT NAME Larry W. Johnson

Telephone No. 397-0426

(This space for State Use)

APPROVED BY _____ TITLE _____

DATE

JUN 22 1994

CONDITIONS OF APPROVAL, IF ANY:

2R Tequesta Blaine brv

RECEIVED

JUN 14 1994

**U.S. DEPARTMENT OF
OFFICE**

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OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator TEXACO EXPLORATION & PRODUCTION INC		Well API No. 30 025 32179	
Address P.O. BOX 730, HOBBS, NM 88240			
New Well	<input type="checkbox"/>	Change in Transporter of:	<input checked="" type="checkbox"/> Other (Please explain)
Recompletion	<input checked="" type="checkbox"/>	Oil	<input type="checkbox"/> Dry Gas
Change in Operator	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/> Condensate
Old Name: H.O. Sims "A" Well # 1			

If change of operator give name and address
of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name Skelly Penrose A Unit	Well No. 71	Pool Name, including Formation Langlie Mattix, 7R, QN, GB	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter <u>N</u> : <u>990</u> Feet From The <u>S</u> Line and <u>1980</u> Feet From The <u>W</u> Line Section <u>34</u> Township <u>22S</u> Range <u>37E</u> NMPM <u>LEA</u> COUNTY				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Tex-New Mexico Pipeline Co. Inc.	Oil <input checked="" type="checkbox"/> Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) PO Box 2528 Hobbs, NM 88240				
Name of Authorized Transporter of Texaco E & P Inc	Casinghead Gas <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) PO 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? No	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 X	Gas Well	New Well	Workover X	Deepen	Plug Back X	Same Res'v	Diff Res'v X
Date Spudded 10/19/93	Date Compl. Ready to Prod.		Total Depth 5800		P.B.T.D 3885'			
Elevations (DF, RKB, RT, GR, etc.) GR=3320', KB=3340'	Name of Producing Formation Langlie Mattix, 7R, QN, GB		Top Oil/Gas Pay 3450'		Tubing Depth			
Perforations 3553' - 3575'	OK				Depth Casing Shoe 5800'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING and TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4	8 5/8		1141		650 sx			
7 7/8	5 1/2		5800		2245 sx			

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 a 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
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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.

	
Signature Larry W. Johnson	Engineering Assistant
Printed Name 3/15/94	Title 397-0426
Date	Telephone No.

OIL CONSERVATION DIVISION

Date Approved	MAR 15 1994
By	ORIGINAL SIGNED BY JERRY SEXTON
Title	DISTRICT I SUPERVISOR

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 in 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.