

DISTRICT I

1625 N. French Dr., Hobbs, NM 88240

DISTRICT II

811 South First, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

DISTRICT IV

1220 South St. Francis Dr., Santa Fe, NM 87505

**OIL CONSERVATION DIVISION**

1220 South St. Francis Drive  
Santa Fe, NM 87505

WELL API NO.

30-025-10599

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 WELLS**  
(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

Injection Well

2. Name of Operator

Apache Corporation

3. Address of Operator

2000 Post Oak Blvd., Ste. 100, Houston, Texas 77056-4400

8. Well No.

40

9. Pool name or Wildcat

Langlie-Mattix; 7Rivers-Queen-Grayburg

4. Well Location

Unit Letter P : 660 Feet From The South Line and 660 Feet From The East Line  
Section 3 Township 23S Range 37E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3284' GR

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 Operations

☐ Plug and Abandonment

☐ Casing Test and Cement Job

☐ Other

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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Apache requests permission to temporarily abandon the Skelly Penrose A Unit # 40 well under the following procedure:

Run in hole and set CIBP @ +/- 3500'

Perform casing integrity test in preparation for filing for temporary abandonment of this well.

This wellbore will be evaluated for utilization in continued unit development.

THIS OPERATIONS REPORT IS NOT VALID  
UNTIL APPROVED BY THE SUPERVISOR OF  
PRODUCTION OPERATIONS FOR THE OIG  
TO BE APPROVED

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

SIGNATURE

*Debra J. Anderson*

TITLE

Sr. Engineering Technician

DATE

1/31/01

TYPE OR PRINT NAME

Debra J. Anderson

TELEPHONE NO.

713-296-6338

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

3  
C

