

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

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

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: September 30, 1990

5. Lease Designation and Serial No.  
LC 032452A

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.  
Skelly Penrose A Unit #30

9. API Well No.  
30-025-10614

10. Field and Pool, or Exploratory Area  
Langlie Mattix 7RQ

11. County or Parish, State  
Lea, NM

SUBMIT IN TRIPLICATE

1. Type of Well  
☐ Oil Well ☐ Gas Well ☒ Other TA Well

2. Name of Operator  
Texaco Exploration & Production Inc.

3. Address and Telephone No.  
P.O. Box 730, Hobbs, NM 88241-0730 (505) 393-7191

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
Unit Letter J, 1980' FSL & 1980' FEL  
Sec 4, T23S, R37E

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other	

Test csg  
(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)

10-25-91

- Test 7" csg from surface to CIBP @ 3180' to 510# 30 min - Held OK
- NMOCD representative Mr. R.A. Sadler witnessed test (chart on reverse)
- Request TA status to 10-25-94

RECEIVED  
NOV 18 8 35 AM '91  
CREDIT

APPROVED FOR 12 MONTH PERIOD  
ENDING 10/24/92

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

Signed [Signature] Title Engr. Asst. Date 11-15-91

(This space for Federal or State office use)

Approved by \_\_\_\_\_ Title \_\_\_\_\_ Date 11/25/91

Conditions of approval, if any:

R9NB



