Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. 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. 30-025-10624
5. Indicate Type of Lease — STATE ☐ · FEE ☒
6. State Oil & Gas Lease No.

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.)

7. Lease Name or Unit Agreement Name

Skelly Penrose A Unit

1. Type of Well:
   OIL WELL ☐   GAS WELL ☐   OTHER SI Inj

2. Name of Operator

Texaco Exploration and Production Inc.

8. Well No.
17·

3. Address of Operator

P.O. Box 730, Hobbs, NM 88241-0730

9. Pool name or Wildcat

4. Well Location

Unit Letter __B__ : __660__ Feet From The __N__ Line and __1980__ Feet From The __E__ Line

Section __4__   Township __23S__   Range __37E__   NMPM   Lea   County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3338' DF

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 OPNS. ☐   PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: Test casing *for TA* ☒

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.

10-25-91
  -Test 7" csg from surface to pkr @ 3300' to 320# 30 min - Held OK
  -NMOCD representative Mr. R.A. Sadler witnessed test (chart on reverse)

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

SIGNATURE _____ TITLE __Engr. Asst.__ DATE __11-15-91__

TYPE OR PRINT NAME __L.W. Johnson__   TELEPHONE NO. (505) 397-0426

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

This Approval of Temporary
Abandonment Expires ___11-15-96___

1) R J R