| Form 3160-5 (June 1990) | | STATES N.M. Oil Cons. Division | FORM APPROVED Budget Bureau No. 1004-0135 Expires: March 31, 1993 |
|--|---|--|--|
| | BUREAU OF LAN | D MANAGEMENT.O. Box 1980 Hobbs, NM 8824 | 5. Lease Designation and Serial No. |
| Do not use this for | m for proposals to drill o | D REPORTS ON WELLS r to deepen or reentry to a different reservoir. ERMIT—" for such proposals | 6. If Indian, Allottee or Tribe Name |
| | SUBMIT IN | 7. If Unit or CA, Agreement Designation SKELLY PENROSE A UNIT | |
| 1. Type of Well Oil Gas Well Well | | 8. Well Name and No. | |
| 2. Name of Operator | | 60 9. API Well No. | |
| APACHE CORPORATION 3. Address and Telephone No. | | | 3002510700 10, Field and Pool, or Exploratory Area |
| 3300 N. A Ste. 8220 Midland, TX 79705 (915) 683-6511 | | | Langlie Mattix 7RVRS Q Gravburg |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) | | | 11. County or Parish, State |
| Unit Ltr. | M, 660' FSL & 330' | FWL, Sec. 10, Twp. 23S, Rge. 37E | LEA, NM |
| 12. CHECK A | PPROPRIATE BOX(s) T | O INDICATE NATURE OF NOTICE, REPO | RT, OR OTHER DATA |
| TYPE OF SUBMISSION TYPE OF ACTION | | | |
| Notice of | Intent | | Change of Plans |
| | | Recompletion Plugging Back | Non-Routine Fracturing |
| | nt Report | Casing Repair | Water Shut-Off |
| Final Aba | andonment Notice | Altering Casing | Conversion to Injection |
| | | Other | (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) |
| 13. Describe Proposed or Com give subsurface locat | npleted Operations (Clearly state all pertions and measured and true vertical de | inent details, and give pertinent dates, including estimated date of startin pths for all markers and zones pertinent to this work.)* | ig any proposed work. If well is directionally drilled, |
| RIH SET CI Spot cmt. p Spot cmt. p bspot cmt. p | TBG. AND PKR. BP @ 3500' w/35 sxs lug from 2600-2700 v lug across DV @1000 lug from 50' to sur /2" dry hole marker | f. w/10 sxs / The hit casing 5) Spot cement W/15sx. | 1 |
| 14 L hereby certify that the Signer Les Shoe (This space for Federal Approved by Conditions of approval. | or State office use) | | - Date _ 10-22-96 Date _ 10-22-96 Date _ NS + 2 0 1930 |
| | SEE ATTACHED P | wingly and willfully to make to any department or agency of the Unit | ed States any false, fictitious or fraudulent statements |
| Title 18 U.S.C. Section 100 or representations as to any | matter within its jurisdiction. | | |