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State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

to Appropriate District Office Revised 1-1-89 DISTRICT I P.O. Box 1980, Hobbs, NM 8824U OIL CONSERVATION DIVISION WELL API NO. P.O. Box 2088 30 - 025 - 30167 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088 5. Indicate Type of Lease FEE X STATE L DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 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 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) SKELLY PENROSE A UNIT Type of Well: WELL WELL X OTHER 2. Name of Operator 8. Well No. Texaco Exploration and Production Inc. 68 9. Pool name or Wildcat 3. Address of Operator 88240 P. O. Box 730 Hobbs, NM LANGLIE MATTIX 7R QN GB 4. Well Location 95 Feet From The SOUTH 2524 Feet From The WEST Line Line and ___ County 37-E **NMPM** LEA 23-S Township Range 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3309' KB Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK **ALTERING CASING CHANGE PLANS** PLUG AND ABANDONMENT **TEMPORARILY ABANDON** COMMENCE DRILLING OPNS. CASING TEST AND CEMENT JOB **PULL OR ALTER CASING** X OTHER: CONVERT TO INJECTION 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. (HAVE ALREADY RECIEVED STATE APPROVAL FOR INJ.: DIV. ORDER R-3208 ADM. ORDER WFX-639) 1. PULL PRODUCTION EQUIPMENT. DATED 12/14/92 2. C/O TO TD 3700'. 3. ACIDIZE OLD LANGLIE MATTIX PERFS (3509' - 3678'). 4. RUN 5-1/2" X 2-3/8" INJ. PKR ON 2-3/8" CMT LINED TBG.

- 5. NOTIFY LOCAL OCD OFFICE.
- 6. SET PKR +/- 3450'. LOAD BACKSIDE. TEST TO 300 PSI FOR 30 MIN.
- 7. PLACE ON INJECTION.

CONDITIONS OF APPROVAL, IP ANY:

W74-639		
I hereby certify that the information above ja/true and complete to the best of my knowledge	and belief.	
SIGNATURE MULLI STORY	mne Production Engineer	DATE 11-09-93
TYPEOR PRINT NAME Michael C. Alexander		TELEPHONE NO. 393-7191
(This space for State Use) ORIGINAL SIGNED BY JERRY SEXTON		NOV 12 1993
DISTRICT I SUPERVISOR	TITLE	DATE

RECEIVED

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