Submit 3 Copies to Appropriate District Office

State of New Mexico Energ. linerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT I

OIL CONSERVATION DIVISION

1.0. But 1980, Hoods, NM 88249	P.O. Box 2088 Santa Fe, New Mexico 87504-2088		WELL API NO.
DISTRICT II P.O. Drawer DD, Artesia, NM 88210			3002530167
DISTRICT III			5. Indicate Type of Lease STATE FEE X
1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No. 012441
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
1. Type of Well: Oil GAS WELL X WELL	OTHER		Skelly Penrose "A" Unit
2. Name of Operator	-		8. Well No.
Texaco Producing Inc. 3. Address of Operator			9. Pool name or Wildcat
P.O. Box 730, Hobbs, NM	88240		Langlie Mattix SRQ
Unit Letter N: 2524 Fe	et From The West	Line and 95	Feet From The South Lin
Section 3 To	waship 23S R	tange 37E 1	NMPM Lea County
	10. Elevation (Show whether	•	
	Z	3309KB	
11. Check Appro	priate Box to Indicate		
NOTICE OF INTENT	ON TO.	SOB	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK X	LUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON C	HANGE PLANS	COMMENCE DRILLING	OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND CE	MENT JOB
OTHER:		OTHER:	
 Describe Proposed or Completed Operations (Clawork) SEE RULE 1103. 	arty state all pertinent details, a	nd give pertinent dates, includ	ing estimated date of starting any proposed
1) MIRU. Install BOP. Prep	n to soo cee leak		
2) TIH w/5-1/2" pkr on 2-7/8" tubing. Set pkr @ 2590'. Press backside to 500 psi.			
 Establish pump rate thru 	ı tbg. If insuff:	icient perf sqz	holes @ 2910'. POH.
TIH w/cmt rtnr @ 2590'.			
4) Set 200 sx C1 H cmt, 500 gal flo chek, 100 sx H cmt. PO rtnr & rev cir. POH. WOC 24-36 hrs.			
5) TIH. DO rtnr to CIBP @ 3320'. Test 5-1/2" csg to 1000 psi 30 min. DO CIBP.			
C/O to 3688' PBTD.	5520 • Test 5-1,	/2 csg to 1000	psi 30 min. DO CIBP.
6) Return to production.			
I hereby certify that the information above is true and	rts to the best of my knowledge and	betief.	
SIGNATURE & a Hear	тг	Area Manger	DATE 09/14/89
T A 11-11			(505)
TYPEOR PRINT NAME J. A. Head			TELEPHONE NO. 393-7191

(This space for State Unit RIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR

SEP 2 8 1989

APTROVED BY-

– DATE –

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

SEP 2 1 1969 OCD

OCD MOBBS OFFICE