

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Submit 3 Copies
to Appropriate
District Office

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

WELL API NO.
30-025-33718

5. Indicate Type of Lease
STATE ☐ FEB ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

Skelly Penrose "A" Unit

8. Well No.

14

9. Pool name or Wildcat

Langlie Mattix 7 R's Queen Grayburg

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.)

1. Type of Well:
OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. Name of Operator
Apache Corporation

3. Address of Operator
2000 Post Oak Blvd., Suite 100, Houston TX 77056-4400

4. Well Location
Unit Letter C : 720 Feet From The North Line and 2020 Feet From The West Line
Section 3 Township 23 S Range 37 E NMPM Lea County

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

3306' GR

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 ☒ - Surface Csg ☐
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.

12-20-96 MIRU Rod Ric Rig #10. Spudded @ 4:30pm.
12-21-96 Drld 12 1/4" hole to 1169'. Ran 26 jts 9-5/8", 32.3#, ST&C, H-40 cst to 1169'.
Dowell cmtd w/555 sx Class C w/2% CalCL + 1/4# Flocele. Mixed to 14.8#.
Plug down @ 5:30pm. Circ 130 sx cmt to pits. Full returns maintained
while circ and cmtg. WOC 12 hrs.
12-22-96 Tstd BOP. Tstd csg to 1000#. OK.

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

SIGNATURE Frances M. Byers

TITLE Sr. Engineering Tech

DATE 2-4-97

TELEPHONE NO.

TYPE OR PRINT NAME

(This space for State Use) RICHELLE L. COTTON
DISTRICT SUPERVISOR

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: