

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRI-DATE
(Other instructions on re-
verse side)

Form approved. c/sr
Budget Bureau No. 1004-0135
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different formation. Use "APPLICATION FOR PERMIT—" for such proposals.)

1. ☐ OIL WELL ☐ GAS WELL ☐ OTHER Injector

2. NAME OF OPERATOR Chevron U.S.A. Inc.

3. ADDRESS OF OPERATOR P.O. Box 670, Hobbs, New Mexico 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface

Unit F, 2310 FNL and 1980 FWL, Sec.24,T19S,R30E

14. PERMIT NO. 3311

15. ELEVATIONS (Show whether DF, RT, CR, etc.)

5. LEASE DESIGNATION AND SERIAL NO.

NM06766

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

North Hackberry Yates U

8. FARM OR LEASE NAME

9. WELL NO.

103

10. FIELD AND POOL, OR WILDCAT

N. Hackberry Yates

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec.24,T19S,R30E

12. COUNTY OR PARISH 13. STATE

Eddy NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

PULL OR ALTER CASING

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREAT

MULTIPLE COMPLETION

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other) Acidize

<input checked="" type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

TD: 2064' PB: 1992'

It is proposed to cleanout and acidize this injector in order to re-establish injection.

18. I hereby certify that the foregoing is true and correct

SIGNED M. E. Skinn

TITLE Staff Drilling Engineer

DATE May 27, 1988

(This space for Federal or State office use)

APPROVED BY CRIC SGD BAIGRI
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE 6-13-88

Subject to
Like Approval
by State

*See Instructions on Reverse Side