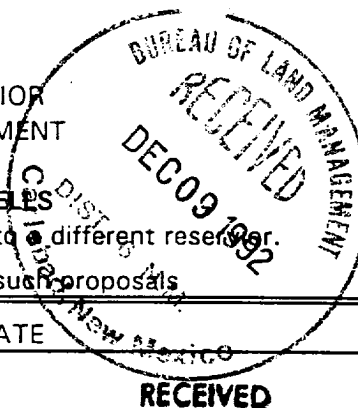


UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT



FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or deepen or reentry to a different reservoir.

Use "APPLICATION FOR PERMIT-" for such proposals

SUBMIT IN TRIPLICATE

1. Type of well

☐ Oil ☒ Gas ☐ Other

2. Name of Operator

CHEVRON U.S.A. INC.

3. Address and Telephone No.

P.O. BOX 1150 MIDLAND, TEXAS 79702 ATTN: NITA RICE

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

SECTION 3, T22S, R23E

1953' FNL & 2650' FEL

UNIT G

5. Lease Designation and Serial No.

NM 033847 06953-A

6. If Indian, Allottee or Tribe Name

N/A

7. If Unit or CA, Agreement Designation

N/A

8. Well Name and No.

BOGLE FLATS UNIT #1

9. API Well No.

30-015-10383

10. Field and Pool, or Exploratory Area

INDIAN BASIN

11. County or Parish, State

EDDY COUNTY

NEW MEXICO

CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

12	TYPE OF SUBMISSION	TYPE OF ACTION
	<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
	<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
	<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
		<input type="checkbox"/> Casing Repair
		<input type="checkbox"/> Altering Casing
		<input checked="" type="checkbox"/> ADD PERFS, ACDZ
		& CHANGE OUT TUBING
		<input type="checkbox"/> Change of Plans
		<input type="checkbox"/> New Construction
		<input type="checkbox"/> Non-Routine Fracturing
		<input type="checkbox"/> Water Shut-Off
		<input type="checkbox"/> Conversion to Injection
		<input type="checkbox"/> Dispose Water

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

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimate 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.)*

WE PROPOSE TO:

MIRU,KILL WELL, ND WELLHEAD & NU BOP. TEST BACKSIDE FOR CASING INTEGRITY.

REPAIR CASING IF NECESSARY. STING OUT OF PKR.POH & LD TBG. RIH & PERF 7247-7386', 1 JHPF TOTAL 142 HOLES (MAY ALSO PERF 7416-33 W/ 2JHPF, TTL 68 HOLES) LOAD BACKSIDE W/2% KCL, HOLD 500 PSI DURING TRTMENT. ACDZ ALL PERFS W/6000 GALS 15% FE HCL FOAMED W/N2 TO 75%. FLUSH W/25,000 SCF N2. OBTAIN ISIP, 5, 10, & 15 MIN SIP. FLOW BACK LOAD. PLACE WELL ON PRODUCTION.

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

Signed Nita Rice NITA RICE

Title TECHNICAL ASSISTANT

Date 12/7/92

(This space for Federal or State official use)

Approved by David A. Glass

Title

Date 1-4-93

Conditions of approval, if any:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

*See Instructions on Reverse Side