

**UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT**

SUBMIT IN TRIPlicate\*  
(Other instructions on reverse side)

Budget Category: 1004-0135  
Expires August 31, 1985

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> <small>(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT-" for such proposals.)</small>		5. LEASE DESIGNATION AND SERIAL NO.  SF-078155  6. IF INDIAN, ALLOTTEE OR TRIBE NAME  West Bisti  7. UNIT AGREEMENT NAME   8. FARM OR LEASE NAME   9. WELL NO.  161  10. FIELD AND POOL, OR WILDCAT  Bisti Lower Gallup  11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA  Sec. 1, T-25N, R-13W  12. COUNTY OR PARISH San Juan  13. STATE N.M.
1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		
2. NAME OF OPERATOR Chevron U.S.A. Inc.		
3. ADDRESS OF OPERATOR P.O. Box 599, Denver, Colorado 80201		
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  600' FNL & 600' FEL		
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) X 6179' GL	

**RECEIVED**  
MAR 27 1986  
BUREAU OF LAND MANAGEMENT  
FARMINGTON RESOURCE AREA

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Well Status Report</u> <input checked="" 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.)\*

Request for a one year extension due to time required for completion of a Waterflood Field Performance Evaluation and Enhanced Oil Recovery Feasibility Study.

Will plug and abandon in 1987 if studies prove to be unfavorable.

**RECEIVED**  
APR 7 1986  
OIL CON. DIV. 1  
DIST. 3

- 6 - BLM
- 1 - J. Lisenbee
- 1 - TLP
- 1 - M. J. Miller
- 1 - G. H. Warner
- 1 - LLK

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

SIGNED L.S. Kirkpatrick, Jr. TITLE Assoc. Inv. Spec. DATE March 24 1986

(This space for Federal or State office use)

**APPROVED**  
**AS AMENDED**  
DATE APR 04 1986  
John Skelton  
AREA MANAGER

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:  
This Approval is Temporary  
Abandonment Expires 1-30-87

\*See Instructions on Reverse Side  
**NMOCC**