

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE\*  
(Other instructions on re-  
verse side)

Form approved  
Budget Bureau No. 1004-1  
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL

SF 078155

6. IF INDIAN ALLOTTEE OR TRIBE LAND

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" for such proposals.)

1. ☐ OIL WELL ☒ GAS WELL ☐ OTHER

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

3. ADDRESS OF OPERATOR  
P. O. Box 599, Denver, CO 80201

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

660' FNL 1980' FWL

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
6221' GL

7. UNIT AGREEMENT NAME  
West Bisti

8. FARM OR LEASE NAME

9. WELL NO.  
146

10. FIELD AND POOL OR WILDCAT  
Bisti Lower Gallup

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec 35, T26N, R13W

12. COUNTY OR PARISH 13. STATE  
San Juan 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"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other) Well Status Report	<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 Water Flood Field Performance Evaluation and Enhanced Oil Recovery Feasibility Study.

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

- 6 - BLM
- 1 - J LISEBEE
- 1 - TLP
- 1 - M J MILLER
- 3 - G H WARNER
- 1 - LLK

RECEIVED  
MAR 13 1986  
OIL CON. DIV.  
DIST. 3

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

SIGNED L. A. Kirkpatrick/jfk

TITLE Associate Environmental Specialist

DATE February 21, 1986

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

This Approval Or Temporary Abandonment Expires Jan 30, 1987

455 extension

\*See Instructions on Reverse Side

NMOCC

APPROVED  
AS AMENDED

MAR 17 1986

J. M. Millenbach  
AREA MANAGER