

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

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

SUNDRY NOTICES AND REPORTS ON WELLS ROOM

(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 ☒ Water Injection Well  
2. NAME OF OPERATOR  
Chevron U.S.A. Inc., Room 11111  
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  
1980' FSL, 1980' FEL

14. PERMIT NO.  
15. ELEVATIONS (Show whether DF, RT, GN, etc.)  
6529' L

5. LEASE DESIGNATION AND SERIAL NO.  
NM 103492 013492  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
7. UNIT AGREEMENT NAME  
8. FARM OR LEASE NAME  
West Bisti Unit  
9. WELL NO.  
#113  
10. FIELD AND POOL, OR WILDCAT  
Bisti Lower Gallup  
11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA  
Sec. 19, T26N, R13W  
12. COUNTY OR PARISH  
San Juan  
13. STATE  
NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐  
FRACTURE TREAT ☐  
SHOOT OR ACIDIZE ☒  
REPAIR WELL ☐  
(Other) ☐  
PULL OR ALTER CASING ☐  
MULTIPLE COMPLETE ☐  
ABANDON\* ☐  
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐  
FRACTURE TREATMENT ☐  
SHOOTING OR ACIDIZING ☐  
(Other) ☐  
REPAIRING WELL ☐  
ALTERING CASING ☐  
ABANDONMENT\* ☐  
(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.)

Acidize injection well as follows:

1. Backflow well to cleanup.
2. Acidize with 1000 gals 15% HCl acid and additives.
3. Flow back displacement and spent acid.
4. Return well to injection.

6 - BLM  
1 - EEM  
1 - JTC  
3 - Drlg  
1 - File

RECEIVED  
APR 05 1988  
OIL CON. DIV.  
DIST. 3

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

SIGNED *[Signature]*

TITLE Technical Assistant

DATE 3/24/88

(This space for Federal or State office use)

APPROVED BY *[Signature]*  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

APPROVED  
APR 01 1988

*[Signature]*  
AREA MANAGER

\*See Instructions on Reverse Side

NMOCC

APPROVED

SEP 01 1992

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