

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Form approved.
Budget Bureau No. 1004-0135
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 reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER Water Injection Well	5. LEASE DESIGNATION AND SERIAL NO. NM 103492
2. NAME OF OPERATOR Chevron U.S.A. Inc., Room #11111	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 599, Denver, Colorado 80201	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1,980' FSL, 1,980' FEL	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
14. PERMIT NO.	12. COUNTY OR PARISH San Juan
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6,529' GL	13. STATE New Mexico

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 checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) <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.) *

WBU #113 was acidized as follows:

1. Flowed well back to tank. Recovered 6 bbls. water in 4½ hrs.
2. Acidized perms 5,320'-28' with 1,000 gals. 15% HCL acid. Overdisplaced by 28½ bbls. water.
3. Returned well to injection.

RECEIVED
JUL 14 1988
ON FILE
(W.B.)

- 6 - BLM
- 1 - EEM
- 1 - JTL
- 2 - Drig.
- 1 - PLM
- 1 - JTC
- 1 - Sec. 724-C
- 1 - File

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

SIGNED *J. Watson*

TITLE Technical Assistant

DATE June 9, 1988

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE
ACCEPTED FOR RECORD

JUL 14 1988

ARMINGTON RESOURCE AREA

*See Instructions on Reverse Side