

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

5. Lease Designation and Serial No.
LC-031622-A

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation
*EWING MOUNTAIN
South Unit - B*

8. Well Name and No.
883

9. API Well No.
30-025-04264

10. Field and Pool, or Exploratory Area
EWING MOUNTAIN CB/SA

11. County or Parish, State
LEA Co., New Mexico

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well
 Oil Well Gas Well Other

2. Name of Operator
CHEVRON USA INC.

3. Address and Telephone No.
*P.O. Box 1150 MIDLAND TX 79702 Rm 4111
Attn: ED DOHERTY*

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
*1980 FSL + 660 FEL SEC 14 T20S R36E
Unit I*

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

TYPE OF SUBMISSION	TYPE OF ACTION
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input type="checkbox"/> Subsequent Report	<input checked="" 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 type="checkbox"/> Other
	<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 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.)*

*Sqz AS NEEDED EXISTING PERFS DEEPEN TO 4500' SELECTIVELY PERF
Stimulate AS NEEDED.
WELL NAME CHANGE FROM SANDERSON "A" #10.*

RECEIVED
FEB 13 11 15 AM '91
CARL...
AREA...

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

Signed *E.O. Doherty* Title *T.A. Delg.* Date *2/11/91*

(This space for Federal or State office use)

Approved by _____ Title _____ Date *2-25-91*

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.