Form 3160-5 (June 1990)

representations as to any matter within its jurisdiction.

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

Oil Cons.
N.M. DIV-Dist. 2
FORM APPROVED
1301 W. Grand Avenue ureau No. 1004-0135
Artesia, NM 88210 Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS		5. Lease Designation and Serial No. LC-029418B	
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			6. If Indian, Alottee or Tribe Name
SUBA	IIT IN TRIPLICATE	RECEIVED	7. If Unit or CA, Agreement Designation
1. Type of Well: ☐ OIL ☑ GAS ☐ OTHER		MAR 2 4 7004	8. Well Name and Number TEXMACK 11 FEDERAL
Name of Operator CHEVRON USA IN	IC	OCD-ARTESIA	1
3. Address and Telephone No. 15 SMITH ROAD, MIDLAND, TX 79705 915-687-737			9. API Well No. 30-015-29720
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)			10. Field and Pool, Exploaratory Area
Unit Letter C: 990 Feet From The NORTH Line and 1650 Feet From The		FREN MORROW 11. County or Parish, State	
WEST Line Section 11	Township 17-S	Range <u>, 31-E</u>	EDDY , NM
12. Check Appropriate Box(s) To Indicate Nature of Notice, Report, or Other Data			
TYPE OF SUBMISSION		TY	PE OF ACTION
Notice of Intent✓ Subsequent ReportFinal Abandonment Notice	Casing	pletion ng Back Repair g Casing	Change of Plans New Construction Non-Routine Fracturing Water Shut-Off Conversion to Injection IG Dispose Water (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log Form.)
1-05-04: MIRU KEY #326 1-06-04: PULL 48 STANDS TBG WIRELINE H 1-07-04: RUN REST OF TBG TO 12,137. NDE TURN WELL OVER TO PRODUCTION. ADDITIONAL INFORMATION: 3-03-04: PRESS TBG TO 200#. ACIDIZE PEF PRESSURE SLOWLY INCREASED FR 230# 10/64" TO FULL OPEN CHOKE. PRESSURE H	RFS PUMPING DN CSG W TO 3000#. PERFS NOT TA	PULL. NUWH. RIG DOWN. /1500 GALS 7 1/2% GAS W .KING ANY FLUID. RU FLOV # IN 2 HRS. WELL DEAD. N	ELL ACID. W BACK MANIFOLD. FLOW BACK WELL ON
14. I hereby certify that the personing is true and correct SIGNATURE TYPE OR PRINT NAME (This space for Federal or State office use) APPROVED CONDITIONS OF APPROVAL UE ANNY.	,	gulatory Specialist	DATE 3/17/2004
CONDITIONS OF APPROVAL, IF ANY:	IIILE		DATE