

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

5. LEASE DESIGNATION AND SERIAL NO.

SF 078091

6. IN INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

West Bisti

8. FARM OR LEASE NAME

9. WELL NO.

138

10. FIELD AND POOL, OR WILDCAT

Bisti Lower Gallup

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 27, T26N, R13W

12. COUNTY OR PARISH 13. STATE

San Juan NM

1. OIL ☒ GAS ☐ OTHER ☐
WELL WELL.

2. NAME OF OPERATOR

Chevron U.S.A. Inc.

3. ADDRESS OF OPERATOR

P. O. Box 599, Denver, Colorado 80201

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

990' FSL 990' FEL

RECEIVED

14. PERMIT NO.

JAN 13 1987

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

6209' GL

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

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

TEST WATER SHUT-OFF
FRACTURE TREAT
SHOOT OR ACIDIZE
REPAIR WELL

PULL OR ALTER CASING
MULTIPLE COMPLETE
ABANDON*
CHANGE PLANS

WATER SHUT-OFF
FRACTURE TREATMENT
SHOOTING OR ACIDIZING
(Other)

REPAIRING WELL
ALTERING CASING
ABANDONMENT*

(Well Status)

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.)

Chevron U.S.A. Inc. requests a revision of well status from temporarily abandoned to long-term shut-in. This revision is requested due to time required to evaluate the well for future usefulness.

Actions will be undertaken to either permanently plug and abandon or return to active status by year end 1987.

RECEIVED

JAN 26 1987

OIL CON. DIV.
DIST. 3

6-BLM
1-J.T. Lisenbee
1-EEM
1-MJM
1-Drlg
1-File

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

SIGNED

J. L. Watson

TITLE

Office Assistant
Regulatory Affairs

DATE January 7, 1986

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

ch 2

*See Instructions on Reverse Side

