

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

P.O. Box Drawer DD, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

WELL API NO.

30 025 31974

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil / Gas Lease No.

B-9613

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMITS
(FORM C-101) FOR SUCH PROPOSALS.

1. Type of Well: OIL WELL ☒ GAS WELL ☐ OTHER

2. Name of Operator
CHEVRON USA INC

3. Address of Operator
15 SMITH ROAD, MIDLAND, TX 79705

4. Well Location

Unit Letter F : 2630 Feet From The NORTH Line and 1440 Feet From The WEST Line

Section 33 Township 24-S Range 38-E NMPM LEA COUNTY

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

GR-3187', KB-3198'

11.

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒

ALTERING CASING ☐

COMMENCE DRILLING OPERATION ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☒ ACIDIZE & SCALE SQUEEZE

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

1-21-05: MIRU. REL TAC. TAG BTM W/1 JT.

1-24-05: TOH W/PROD TBG. PBTD @ 6875. TIH W/160' KILL STRING.

1-25-05: TIH W/JET GUN & TBG TO TOP PERF.

1-26-05: ACIDIZE PERFS 6310-6854 W/SONIC HAMMER W/6000 GALS 15% HCL. TIH W/2 7/8" PROD TBG TO 2300.

1-27-05: HU WH. PU PUMP & START PU NEW 3/4" RODS.

1-28-05: TBG ON VAC. UNSET TAC.

1-29-05: TIH W/SAND LINE TO FISH S/V. TIH W/PROD TBG. TIH W/RODS & PUMP. LOAD & TEST. RIG DOWN.

FINAL REPORT



I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Denise Leake TITLE Regulatory Specialist

DATE 2/4/2005

TYPE OR PRINT NAME Denise Leake

Telephone No. 915-687-7375

(This space for State Use)

APPROVED Gay W. Wink
CONDITIONS OF APPROVAL, IF ANY:

TITLE OG FIELD REPRESENTATIVE II/STAFF MANAGER

DATE

FEB 08 2005