

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN THE MANNER
(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.)

RECEIVED

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME N. HACKBERRY YATES UNIT
2. NAME OF OPERATOR Chevron U. S. A. Inc. ✓	8. FARM OR LEASE NAME N. HACKBERRY YATES UT
3. ADDRESS OF OPERATOR P. O. Box 670, Hobbs, New Mexico 88240	9. WELL NO. 116
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FSL & 1980' FEL	10. FIELD AND POOL, OR WILDCAT N. HACKBERRY YATES
14. PERMIT NO.	11. SEC. T., R., M., OR R.L. AND SURVEY OR AREA SEC 23-T 19S-R 30E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3286' GL	12. COUNTY OR PARISH 13. STATE

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 COMPLETION <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 type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

(Other) TA

(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.)

REQUEST TO KEEP SUBJECT WELL TA'D FOR
FUTURE SECONDARY RECOVERY PURPOSES.

APPROVED FOR 12 MONTH PERIOD
ENDING 2/1/89

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

SIGNED <u>C. M. Smith</u>	TITLE <u>New Mexico Area Supt.</u>	DATE <u>1-27-88</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE <u>2-5-88</u>
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side