

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

SUNDRY NOTICES AND REPORTS ON WELLS RECEIVED

(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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	MAY 11 '88	5. LEASE DESIGNATION AND SERIAL NO. NM-014103
2. NAME OF OPERATOR Chevron U.S.A. Inc. ✓	O. C. D.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 670, Hobbs, New Mexico 88240	ARTESIA, OFFICE	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Unit E, 2310' FNL and 660' FWL		8. FARM OR LEASE NAME Littlefield AB Federal
		9. WELL NO. 4
		10. FIELD AND POOL, OR WILDCAT Shugart Delaware
		11. SEC. T. R. M. OR BLK. AND SURVEY OR AREA Sec. 22, T18S, R31E
14. PERMIT NO.	15. ELEVATIONS (Show whether OF, RT, GR, etc.) 3648'	12. COUNTY OR PARISH Eddy
		13. STATE NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input checked="" type="checkbox"/> sqz, perf, acid, frac	

(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.)

TD:5125

PB: 5084'

Work performed 3-17 / 4-5-88

POOH w/prod. equipment. TIH w/ CICR to 3988'. Break circ, Mix and pmp 150sx C. Sqz'd 43 sx into form, rev. out 100sx cmt. TOC at 3978'. TIH w/CICR to 3736'. break circ, mix and pmp 75 sx C, sqz'd 53 sx into form. Rev out 5sx, TOC at 3726'. TIH w/ CICR to 3231'. break circ, mix and pump 75sx C, sqz'd 65sx into form. rev out trace cmt, TOC at 3221'. TIH w/ CICR to 3100 mix and pump 150sx C, sqz'd 118 sx into form, rev out 20sx cmt, TOC at 3090'. WOC 36 hrs. Drlg cmt and CICR to 3220, test sqz on perfs 3191-93, 600psi, no leak off in 15 min. Drlg cmt and CICR. Test sqz on perfs 3305-07 to 600psi, lost 200psi in 2 min, retest to 600psi, lost 200psi in 4 min, press holding at 400psi for 30 min. Retest to 600psi, bled to 400psi in 5 min, holding at 400psi for 30 min. TIH and tag at 3733'. Drlg cmt and CICR, test sqz on perfs 3875-77 to 400psi, bled to 300psi in 6 min, held 300psi for 15 min. PU RTTS, RBP on WS to 3909'. Isolate perfs 3875-77 w/RBP at 3900', pkr at 3797. Swb test perfs 3875-77 Rec. 21BW. Rlse pkr and RBP, PUH and set RBP at 3343, w/ pkr at 3338, test RBP w/500psi, ok. PUH and set pkr at 3247', isolated perfs 3305-3307, Swb test rec'd 15 BW. Est inj rate on perfs 3305-07 isolate perfs 3875-77 w/RBP at 3900' pkr at 3797, attempt to est inj rate on perfs 3875-77, press up to 1000psi, in 100psi inc. a/500psi, bld to 600psi and stabilized for 15 min. Rlse pkr and RBP, Isolate perfs 3875-77 w/RBP at 3900 and pkr at 3861', swb test, rec'd 21BW Est inj rate on perfs 3875-77, press'd up to 2000psi, bleeding off, rlse pkr at RBP. Set RBP at 3343', w/pkr at 3338, test RBP w/500psi, set pkr at 3208,

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

SIGNED L. E. Elmer / M. E. Alkin TITLE Staff Drlg Engr.

continued

DATE 4-27-88

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side

SJS
CALLEAD, NEW MEXICO