

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Form approved. *C/SF*
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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. <i>NM-28015</i>
2. NAME OF OPERATOR <i>Chevron U.S.A. Inc.</i>	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <i>P.O. Box 670, Hobbs, New Mexico 88240</i>	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 <i>Unit F, 1980' FNL and 1980' FWL</i>	8. FARM OR LEASE NAME <i>Eddy "D" Fed Com</i>
14. PERMIT NO.	9. WELL NO. <i>1</i>
15. ELEVATIONS (Show whether OF, XT, CR, etc.)	10. FIELD AND POOL, OR WILDCAT <i>North Shugart Atoka Morrow</i>
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <i>Sec 20, T18S, R31E</i>
	12. COUNTY OR PARISH <i>Eddy</i>
	13. STATE <i>NM</i>

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other) *TA Morrow W/Pkr plug*

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON ☐

CHANGE PLANS ☐

XX

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) ☐

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT ☐

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

18. 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.)

SUBJECT WELL FAILED AN O.C.D. PACKER LEADAGE TEST. THEREFORE TO AVOID CANCELLATION OF OUR MONTHLY ALLOWABLE, WE WILL T.A. THE MORROW PERFORATIONS BY SETTING A PLUG IN THE LOWER PACKER OF THIS DUALY COMPLETED WELL.

RECOMMENDED PROCEDURE

NOTIFY OCD @ 748-1283 & BLM @ 887-6544 PRIOR TO START OF OPERATIONS. MIRU WIRELINE UNIT TIH W/ GUAGE RING. SET BLANKING PLUG IN LS "N" NIPPLE @ 11500' ±. RIG DN WIRELINE UNIT & CONTINUE ATOKA PRODUCTION.

*Verbal approval received from Shannon Shaw on 1-19-90.

RECEIVED
JAN 22 8 40 AM '90

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

SIGNED *M. E. Abbin* *1/19/90* TITLE *Staff Drlg. Engr.*

DATE *1-19-90*

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE *1-31-90*