

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

(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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	RECEIVED	5. LEASE DESIGNATION AND SERIAL NO. NM 4986
2. NAME OF OPERATOR Chevron U.S.A. Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 670, Hobbs, New Mexico 88240	JUN 19 '90	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 2280' FNL & 660' FWL	C. D. ARTESIA, OFFICE	8. FARM OR LEASE NAME Pacheco Federal
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3391' GL	9. WELL NO. 3
		10. FIELD AND POOL, OR WILDCAT Burton Flat (Strawn)
		11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA Sec 31, T19S, R28E
		12. COUNTY OR PARISH Eddy
		13. STATE NM

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) Add Strawn perfs, Acdz <input checked="" type="checkbox"/>	
(Other) <input type="checkbox"/>		(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.)

MIRU PU, KILL WELL ND XMAS TREE, TOH W/ PROD TBG & PKR RUWL CO. PERF  
ADD'L STRAWN W/4" HSC-2JHPF-180 DEG TTL 50 HOLES 9617-27, 9580-89 &  
9569-75 TIH W/ 2 3/8" TBG & PKR, BLEED DN CSG PRESS NDBOPE NU TREE SHEAR  
KNOCKOUT COLLAR ISIP-120 PSI 30 MIN 19 HR FLWG TST REC'D 2 BO & 8 1/2 BW  
ACDZ PERFS 9514-9622 W/ 5000 GALS NEFE HCL W/ 1000 SCF N2/BBLs ACID W/135  
7/8" RCNBS AIR-5.1 BPM PMAX-6380 PAVG-4100 PMIN-3520 ISIP-1650 PSI, FLOW  
WELL ON 12/32 CK REC'D TR-BO 22 BW, SWB TST REC'D 2 BO 22 BW SFL-2500  
EFL-2000 GAS CUT FLD TO SN MADE 8 RUNS 12 BBLs TTL FLD IN 3 HRS RDPU  
TURN WELL OVER TO PRODUCTION.

WORK STARTED 6-3-90 WORK ENDED 6-5-90

ACCEPTED FOR RECORD  
Adz

JUN 18 1990

CARLSBAD, NEW MEXICO

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

SIGNED M. E. Abbin

TITLE Staff Dirg. Engr.

DATE 6-7-90

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side