

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN THE MANNER
(Other instructions on reverse 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 formation. Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		2. NAME OF OPERATOR Chevron U.S.A. Inc. ✓		3. ADDRESS OF OPERATOR P.O. Box 670, Hobbs, New Mexico 88240		4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1585' FSL and 925' FWL		5. LEASE DESIGNATION AND SERIAL NO. NM06766		6. IF INDIAN, ALLOTTEE OR TRIBE NAME					
7. UNIT AGREEMENT NAME N. Hackberry Yates Unit		8. FARM OR LEASE NAME N. Hackberry Yates		9. WELL NO. 119		10. FIELD AND POOL, OR WILDCAT N. Hackberry Yates		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 24, T19S, R30E		12. COUNTY OR PARISH Eddy		13. STATE NM			
14. PERMIT NO.		15. ELEVATIONS (Show whether OF, AT, OR, ETC.) 3248' 3' GEL		16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		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.)		18. I hereby certify that the foregoing is true and correct		SIGNED <u>M. E. Akim</u>		TITLE <u>Staff Drilling Engr.</u>		DATE <u>April 15, 1988</u>	

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 COMPLETE	<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) <u>TA</u>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
(Other) _____							
(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)							

Work performed: 4/1/88 thru 4/2/88

POOH w/production equipment. Ran CIBP and set at 1752'. Dump 4sx C1 C cement 36' f/1752' to 1716'. Test lines to 1000psi, ok. Load casing w/2bbbls pkr fluid. Pressure to 330psi. Broke back to 80psi. SLM to 1655'. Circulate well w/50bbbls FW. POOH, LD production tubing. Finish filling casing with 2 1/2 bbbls pkr fluid. ND BOP, NU Flange. RD MO well TA'd.

NOTE

Well was TA'd with a casing leak. We request permission to keep the well TA'd for a 6 month period while Production Engineers evaluate the well. Suspected casing leak interval is from 1056 to 1087'. This was established in 1985 with pkr and RBP combo after the well was drilled.

APPROVED FOR 6 MONTH PERIOD

DATE 10/31/88

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

SIGNED <u>M. E. Akim</u>	TITLE <u>Staff Drilling Engr.</u>	DATE <u>April 15, 1988</u>
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(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

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