

BL CARLSBAD
UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT 1 TRIPLICATE
(Other instructions on reverse side)

Form approved
Budget Bureau No. 1004-01
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.)

3. LEASE DESIGNATION AND SERIAL NO.
NM-4986

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Pacheco Federal

9. WELL NO.
1

10. FIELD AND POOL, OR WILDCAT
Burton Flat Strawn, N. 28E

11. SEC. T. R. M. OR BLK. AND SURVEY OR AREA
Sec 31, T19S, R28E

12. COUNTY OR PARISH
Eddy

13. STATE
NM

1. OIL WELL GAS WELL OTHER

MAR 30 11 24 AM '90

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

1980' FSL and 1980' FEL

O.C.D.
ARRESIA, OFFICE

14. PERMIT NO.

15. ELEVATIONS (Show whether OF, FT, CR, etc.)

3368' GL

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF
FRACTURE TREAT
SHOOTING OR ACIDIZE
REPAIR WELL

RELL OR ALTER CASING
MULTIPLE COMPLETE
ABANDON*
CHANGE PLANS

(Other) Temporarily Abandoned

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF
FRACTURE TREATMENT
SHOOTING OR ACIDIZING

REPAIRING WELL
ALTERING CASING
ABANDONMENT*

(Other)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting and 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.)
(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

IT IS PROPOSED THAT THE SUBJECT WELL BE TEMPORARILY ABANDONED.
SET 5 1/2" CIBP @ ± 9500', TEST CASING TO 500 PSI & DISPLACE CSG W/ PKR FLUID.

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

SIGNED M. S. Collins 3/29/90 TITLE Staff Drlg. Engr.

DATE 3-28-90

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

DATE 4-11-90

- 1. NOTIFY BLM PRIOR TO CSG TEST.
- 2. FURNISH BLM WITH THE PRESS. TEST CHART.