

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

CHEVRON U.S.A. PRODUCTION COMPANY

3. Address and Telephone No.

1216 WEST LEA ST. HOBBS, NM 88240

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1953' FNL, 1650' FEL SEC. 3 - T 22S - R23E

5. Lease Designation and Serial No.

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

BOGLE FLATS UNIT

8. Well Name and No.

BOGLE FLATS UNIT #1

9. API Well No.

3001510383

10. Field and Pool, or Exploratory Area

INDIAN BASIN

11. County or Parish, State

EDDY NM

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☐ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

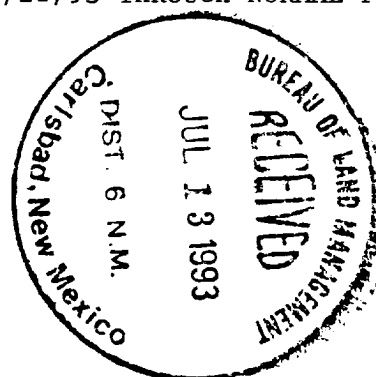
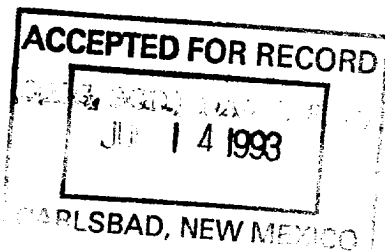
TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other FLOW TEST
☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

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

13. 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.)*

06/21/93 FLOW TESTED THE SUBJECT WELL THROUGH PORTABLE WELL TEST EQUIPMENT TO: 1) DETERMINE SUBJECT WELL GAS DELIVERABILITY 2) RECOVER ANY EXCESS WELLBORE FLUIDS, AND 3) REMOVE FORMATION DAMAGE WHICH MAY HAVE OCCURRED DURING PREVIOUS WORKOVER OPERATIONS A TOTAL OF 3/BW WAS RECOVERED AND 1595/ MCFG WAS FLARED DURING THE 7.5 HOUR TEST. THE SUBJECT WELL WAS RETURNED TO PRODUCTION ON 06/21/93 THROUGH NORMAL PRODUCTION FACILITIES.



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

Signed [Signature]

Title ES&H Compliance Specialist

Date 7/12/93

(This space for Federal or State office use)

Approved by _____

Conditions of approval, if any: _____

Title _____

Date _____