Form 3160-5
(June 1990)

RECEIVED

UNITED STATES
DEPARTMENT OF THE INTERIOR   APR 27 1993
BUREAU OF LAND MANAGEMENT

C. C. D.

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or deepen or reentry to a different reservoir.

Use "APPLICATION FOR PERMIT-" for such proposals

5. Lease Designation and Serial No.
NM 045273

6. If Indian, Allottee or Tribe Name
N/A

SUBMIT IN TRIPLICATE

1. Type of well
[ ] Oil [X] Gas [ ] Other

2. Name of Operator
CHEVRON U.S.A. INC.

3. Address and Telephone No.
P.O. BOX 1150 MIDLAND, TEXAS 79702 ATTN: NITA RICE

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
SECTION 4, T22S, R23E
1650'F SL & 1650' FEL
UNIT J

7. If Unit or CA, Agreement Designati
N/A

8. Well Name and No.
BOGLE FLATS UNIT #2

9. API Well No.
30-015-10574

10. Field and Pool, or Exploratory Area
INDIAN BASIN U Penn

11. County or Parish, State
EDDY COUNTY
NEW MEXICO

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

12   **TYPE OF SUBMISSION**   **TYPE OF ACTION**

[ ] Notice of Intent	[ ] Abandonment [ ] Change of Plans
	[ ] Recompletion [ ] New Construction
[X] Subsequent Report	[ ] Plugging Back [ ] Non-Routine Fracturing
	[ ] Casing Repair [ ] Water Shut-Off
[ ] Final Abandonment Notice	[ ] Altering Casing [ ] Conversion to Injection
	[X] ADD PERFS, ACDZ [ ] Dispose Water
	& CHANGE OUT TUBING

(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 estimate 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.)*

REVISED: WORK PERFORMED 2-9 TO 2-11-93 & 3-26 THRU 3-29-93
RIH & PERF 7035-7294', 2 JHPF, 242 HOLES
ACDZ ALL PERFS W/9000 GALS 15% FE HCL FOAMED
W/N2 TO 75%. FLUSH W/25,000 SCF N2. FLOW BACK LOAD.
3-29, RU COIL TBG, WSH PERFS 7092-7294 W/35 BBLS 2% KCL WTR & N/2.
PLACE WELL ON PRODUCTION.

14. I hereby certify that the forgoing is true and correct
Signed _Nita Rice_   NITA RICE   Title   **TECHNICAL ASSISTANT**   Date   **4/5/93**

(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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