			CISF
Form 3160-5	UNITED STATES	PECEWER	FORM APPROVED
(June 1990) DEPARTN	IENT OF THE INTERIOR	RECEIVED	Budget Bureau No. 1004-0135
BUREAU	OF LAND MANAGEMENT	. MAR 6 4 1993	Expires: March 31, 1993
			5. Lease Designation and Serial No.
	ND REPORTS ON WELLS	O. C. D.	NM 033647
Do not use this form for proposals to drill o			6. If Indian, Allottee or Tribe Name
Use "APPLICATION	FOR PERMIT-" for such proposa	IBY LAND	N/A
1. Type of well	SUBMIT IN TRIPLICATE	1/5/1/	7. If Unit or CA, Agreement Designati N/A
Oil X Gas Other	DEN		8. Well Name and No.
2. Name of Operator		1/80- 2	BOGLE FLATS UNIT #3
CHEVRON U.S.A. INC.	<u> </u>		9. API Well No.
3. Address and Telephone No.		an I	30-015-10575
P.O. BOX 1150 MIDLAND, TEXAS 79702 , 4. Location of Well (Footage, Sec., T., R., M., or Survey Desi		······································	10. Field and Pool, or Exploratory Are INDIAN BASIN
SECTION 9, T22S, R23E	ي المركز الألب المركز	Mexic	11. County or Parish, State
1650' FSL & 1850' FEL			EDDY COUNTY
UNIT K W			NEW MEXICO
	BOX(S) TO INDICATE NATURE O	F NOTICE, REPOR	T, OR OTHER DATA
12 TYPE OF SUBMISSION	ТҮРЕ	OF ACTION	
X Notice of Intent	Abandonment	[Change of Plans
	Recompletion	[New Construction
Subsequent Report	Plugging Back	[Non-Routine Fracturing
	Casing Repair	[Water Shut-Off
Final Abandonment Notice	Altering Casing		Conversion to Injection
	XADD PERFS, ACC		Dispose Water Note: Report results of multiple completion on Well
13. Decribe Proposed or Completed Operations (Clearly state all pertinent	details, and give pertinent dates, including estimate date) t of starting any proposed work	Completion or Recompletion Report and Log form.)
give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)* WE PROPOSE TO: MIRU,KILL WELL, ND WELLHEAD & NU BOP. TEST BACKSIDE FOR CASING INTEGRITY. REPAIR CASING IF NECESSARY. POH & LD TBG. RIH & PERF 6990-7023, 1 JHPF TOTAL 84 HOLES. PERF 7112-7256 W/1 JHPF, 150 HOLES, TOTAL OF 234 HOLES. LOAD BACKSIDE W/2% KC HOLD 500 PSI DURING TRTMENT. ACDZ ALL PERFS W/9000 GALS 15% FE HCL FOAMED W/N2 TO 75%. FLUSH W/25,000 SCF N2. OBTAIN ISIP, 5, 10, & 15 MIN SIP. FLOW BACK LOAD. PLACE WELL ON PRODUCTION.			
14. I hereby certify that the forgoing strue and correct Signed	Title TECHNICAL AS	SISTANT	Date 11/30/92 Date 12/30/92
Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly	and willfully to make to any department or agency of the	United States any false, fictiti	ous or fraudulent statements
or representations as to any matter within its jurisdiction.			
	*See Instructions on Reverse Side		