

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

RECEIVED

FORM APPROVED

Budget Bureau No. 1004-0135

Expires: March 31, 1993

5. Lease Designation and Serial No.  
NM 033647

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

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

8. Well Name and No.  
BOGLE FLATS UNIT #3

9. API Well No.  
30-015-10575

10. Field and Pool, or Exploratory Area  
INDIAN BASIN

11. County or Parish, State  
EDDY COUNTY  
NEW MEXICO

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

SUBMIT IN TRIPLICATE

1. Type of well  
☐ Oil ☒ 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 9, T22S, R23E  
1650' FSL & 1850' FSL  
UNIT K

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

| 12 | TYPE OF SUBMISSION                                    | TYPE OF ACTION                                      |  |  |
|----|---|---|--|--|
|    | <input type="checkbox"/> Notice of Intent             | <input type="checkbox"/> Abandonment                | <input type="checkbox"/> Change of Plans         |  |
|    | <input checked="" type="checkbox"/> Subsequent Report | <input type="checkbox"/> Recompletion               | <input type="checkbox"/> New Construction        |  |
|    | <input type="checkbox"/> Final Abandonment Notice     | <input type="checkbox"/> Plugging Back              | <input type="checkbox"/> Non-Routine Fracturing  |  |
|    |   | <input type="checkbox"/> Casing Repair              | <input type="checkbox"/> Water Shut-Off          |  |
|    |   | <input type="checkbox"/> Altering Casing            | <input type="checkbox"/> Conversion to Injection |  |
|    |   | <input checked="" type="checkbox"/> ADD PERFS, ACDZ | <input type="checkbox"/> 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 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.)\*

WORK PERFORMED 12-9 TRU 12-13-92

MIRU, KILL WELL, ND WELLHEAD & NU BOP. TEST BACKSIDE TO 800 PSI, OK.

POH & LD TBG. RIH & PERF 6990-7141, 1 JHPF

TOTAL 84 HOLES. PERF 7157-7302, 1 JHPF, 116 HOLES, ACDZ W/ 9000 GAL 15% NEFE HCL FOAMED W/N2 TO 75%. FLUSH W/25,000 SCF N2. OBTAIN ISIP, 5MIN 1100#, 10 MIN 1075#, & 15 MIN 1050# SIP. FLOW BACK LOAD. PLACE WELL ON PRODUCTION.

FINAL REPORT

AR

5 1993

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

Signed Nita Rice NITA RICE Title TECHNICAL ASSISTANT Date 2/15/93

(This space for Federal or State office use)

Approved by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
Conditions of approval, if any: \_\_\_\_\_

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, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

\*See Instructions on Reverse Side