		ASF
(June 1990) RECEIVED DEPARTMENT BUREAU OF L	ITED STATES OF THE INTERIOR AND MANAGEMENT	FORM APPROVED Budget Bureau No. 1004-0135 Expires: March 31, 1993 5. Lease Designation and Serial No.
Do not use this form for proposals to drill or deepen or reentry to a different reserv		NM 645273
CARL Use "APPLICATION FOR PERMIT-" for such proposals		6. If Indian, Allottee or Tribe Name
SUBMIT IN TRIPLICATE		7. If Unit or CA, Agreement Designation N/A
Oil X Gas Other		8. Well Name and No.
2. Name of Operator CHEVRON U.S.A. INC.	KECEIVED	BOGLE FLATS UNIT #4
3. Address and Telephone No. (915) 687-7		30-015-10576
P.O. BOX 1150 MIDLAND, TEXAS 79702 ATTN: NITA RICE O. C. D. 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)		10. Field and Pool, or Exploratory Area INDIAN BASIN
SECTION 10, T22S, R23E 2100' FNL & 1650' FWL UNIT F		11. County or Parish, State EDDY CO, NEW MEXICO
CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION TYPE OF ACTION		
12 I YPE OF SUBMISSION Image: Notice of Intent Notice of Intent	TYPE OF ACTION Abandonment	Change of Plans
X Subsequent Report	Recompletion Plugging Back	New Construction
Final Abandonment Notice	Casing Repair Altering Casing X Other PERF & STIMULATE	Water Shut-Off Conversion to Injection Dispose Water Note: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.) 13. Decribe 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 12-7 THRU 12-18-92 ND WH. INSTALL BOP. CASING LEAK 2345. PMP 442 SX CMT, CIRC TO SURF. UP 8-5/8" & SQZD 13 BBLS CMT INTO FORMATION. PRES HELD @ 800 PSI. DRILL CICR & CMT TO 2497', CIRC HOLE CLEAN. TEST TO 700 PSI, NO BLEED OFF. ND BOP, NU WH, TST TBG TO 1000 PSI, TST ANN TO 500 PSI, SWB TBG DN TO 6000'. TURN OVER TO PRODUCTION. FINAL REPORT		
	CARLSOND, 1993	R. GLASS
14. I hereby certify that the forgoing is true and correct Signed <u>Mita MCL</u> NITA RICE	Title TECHNICAL ASSISTANT	Date 2/25/93
(This space for Federal or State office use) Approved by Conditions of approvel, if any:	Title	Date
Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and or representations as to any matter within its jurisdiction.	wilifully to make to any department or agency of the United States a	ny false, fictitious or fraudulent statements

*See Instructions on Reverse Side