

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 deepen or reentry to a different reserv
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. (915) 687-7436
P.O. BOX 1150 MIDLAND, TEXAS 79702 ATTN: NITA RICE

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
SEC. 16, T22S, R23E
1650' FNL & 1980' FWL
UNIT F

5. Lease Designation and Serial No.
NIM 045273

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 #5

9. API Well No.
30-015-10577

10. Field and Pool, or Exploratory Area
INDIAN BASIN

11. County or Parish, State
EDDY CO, NEW MEXICO

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

12 TYPE OF SUBMISSION

☒ Notice of Intent
☐ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

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

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

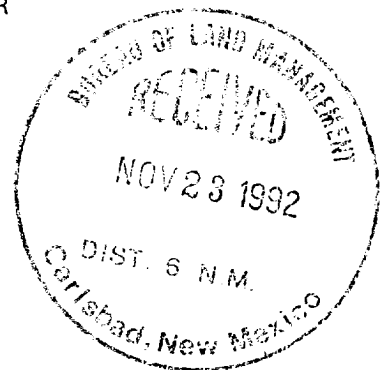
13 Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimate date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

IT IS PROPOSED TO:

MIRU, ND WH & NU BOP. TEST BS FOR CASING INTEGRITY, REPAIR CASING
LEAK IF NEEDED. KILL WELL W/2% KCL WTR. STING OUT OF PACKER,
POH & LD 2-3/8 TUBING, RIH W/2-7/8 TUBING, PERF 7106-7292
WITH 1-11/16" GUNS, 2 JHPF, TOTAL 176 HOLES. LOAD BS WITH 2% KCL WTR
AND HOLD 500# DURING TREATMENT. ACDZ WITH 6,000 GALS 15% FE HCL
FOAMED WITH N2 TO 75%. FLUSH WITH 25,000 scf N2. OBTAIN
ISIP 5, 10, & 15 MIN SIP. FLOW BACK LOAD, PLACE ON PRODUCTION

Notify N.M.O.C.G. in sufficient time to witness

Cox, Ted



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

Signed Nita Rice NITA RICE Title TECHNICAL ASSISTANT Date 11/20/92

(This space for Federal or State office use)

Approved by David A. Glass Title _____ Date 1-4-93

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