

CLSF  
BP

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department  
**OIL CONSERVATION DIVISION**

Form C-103  
Revised 1-1-89

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

P.O. Drawer Dd, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, Nm 87410

API NO. (assigned by OCD on New Wells)
30-015-10577
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. OG-3828
7. Lessee Name or Unit Agreement Name BOGLE FLAT UNIT
8. Well No. 5
9. Pool name or Wildcat INDIAN BASIN
10. Elevation(Show whether DF, RKB, RT, GR, etc.) 4159' GL

**SUNDRY NOTICES AND REPORTS ON WELLS**  
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK  
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"  
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:  
OIL ☐ GAS ☐  
WELL ☐ WELL ☒ OTHER ☐

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

3. Address of Operator  
P.O. BOX 1150 MIDLAND, TX 79702 ATTN: NITA RICE

4. Well Location  
Unit Letter F : 1650 Feet From The NORTH Line and 1980 Feet From The WEST Line  
Section 16 Township 22 SOUTH Range 23E NMPM EDDY County

11 Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
<b>NOTICE OF INTENTION TO:</b>	<b>SUBSEQUENT REPORT OF:</b>
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CMT JOB <input type="checkbox"/>
OTHER: <input type="checkbox"/>	OTHER: REPLACE TBG. <input checked="" type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTER CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABAN. <input type="checkbox"/>

12. Describe Proposed or Completed Operations(Clearly state all pertinent details, and give pertinent dates, including  
estimated date of starting any proposed work) SEE RULE 1103.

WORK STARTED 1/24/94. MIRU PU. BLOW WELL DN. ND WH, NU BOP. POH W/2 7/8" TBG.  
RU TBG. TEST 3 1/2" TBG TO 5000#. OK. ND BOP, NU WH. SWAB.  
TURN OVER TO PRODUCTION 1/26/94.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE <u>Wendi Kingston</u>	TITLE <u>TECH. ASSISTANT</u>	DATE: <u>04/05/94</u>
TYPE OR PRINT NAME <u>WENDI KINGSTON</u>		TELEPHONE NO. <u>(915)687-7436</u>

APPROVED BY SUPERVISOR, DISTRICT II TITLE DATE APR 2 5 1994

CONDITIONS OF APPROVAL, IF ANY: