

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NEW MEXICO COMMISSION
Drawer DD
Artesia, NM 88210
FORM APPROVED

Budget Bureau No. 1004-0135

Expires: March 31, 1993

5. Lease Designation and Serial No.

NM 045272 R

6. If Indian, Allottee or Tribe Name

N/A

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)

1650' FNL & 1650' FEL

SECTION 8, T-22-S, R-23-E

7. If Unit or CA, Agreement Designation

N/A

8. Well Name and No.

BOGLE FLATS UNIT #6

9. API Well No.

30-015-10578

10. Field and Pool, or Exploratory Area

INDIAN BASIN

11. County or Parish, State

EDDY COUNTY

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

☐ Recompletion

☐ Plugging Back

☐ Casing Repair

☐ Altering Casing

☒ Other ACDZ

☐ Change of Plans

☐ New Construction

☐ Non-Routine Fracturing

☐ Water Shut-Off

☐ Conversion to Injection

☐ 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 STARTED 1/27/94, ND WH, NU BOP. SWAB WELL.

RIH W/COILED TBG TO 7171'. ACDZ PERFS 7062'-7171' W/5000' 20% FE ACID.

OPEN WELL TO TANK & FLOW. PLACE BACK ON PRODUCTION 2/17/94.

RECEIVED
MAR 25 11 44 AM '94
OFFICE
ARL

J. Lora

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

Signed J. Lora Title

TECHNICAL ASSISTANT

Date 3/24/94

(This space for Federal or State office use)

Approved by _____

Title _____

Date _____

Conditions of approval, if any: