

45F

Form 3160-5  
(June 1990)

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

5. Lease Designation and Serial No.  
NM - 068032

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.  
HELBING-FEDERAL 22 #1

9. API Well No.  
30-015-20518

10. Field and Pool, or Exploratory Area  
INDIAN BASIN

11. County or Parish, State  
EDDY

**SUNDRY NOTICES AND REPORTS ON WELLS**  
Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

RECEIVED

1. Type of Well  
☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator  
CHEVRON U.S.A. PRODUCTION COMPANY

3. Address and Telephone No.  
1216 WEST LEA STREET (505) - 397-8770

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
990' FNL, 990' FWL  
SEC 22, T 22S, R 23E

JUN - 6 '94

ARTESIA, NM

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

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"/> Other FLOW TEST	<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 estimated 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.)\*

FLOW TESTED THE SUBJECT WELL ON APRIL 18, 1994 THROUGH PORTABLE SURFACE WELL EQUIPMENT TO DETERMINE GAS DELIVERABILITY, FLOW RATES, AND TO REMOVE EXCESS WELLBORE FLUIDS. BEGAN TEST AT 11:30AM, FLARED 125 MCF - WELL DIED AT 1:00P.M. CLOSED WELL IN.

J. Lara

RECEIVED  
MAY 13 10 15 AM '94  
OFFICE  
MRS

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

Signed [Signature] Title OPERATIONS SUPERVISOR Date MAY 12, 1994

(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 Instruction on Reverse Side