

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NM OIL CONS COMMISSION

Drawer DD

FORM APPROVED
Artesia, NM 88210
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 reservoir.

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. ATTN: NITA RICE 915-687-7436

3. Address and Telephone No.
P. O. BOX 1150
MIDLAND, TX 79702

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
990' FNL & 990' FWL
SEC 22, T22S, R23E

RECEIVED

AUG 29 '94

O. C. D.
ARTESIA, OFFICE

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 #1

9. API Well No.

30-015-20518

10. Field and Pool, or Exploratory Area

INDIAN BASIN(PENN)

11. County or Parish, State

EDDY, NM

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

12	TYPE OF SUBMISSION	TYPE OF ACTION
	<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
	<input checked="" type="checkbox"/> Subsequent Report	<input checked="" type="checkbox"/> Recompletion
	<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
		<input type="checkbox"/> Casing Repair
		<input type="checkbox"/> Altering Casing
		<input checked="" type="checkbox"/> Other RE-ENTER TA'D WELL
		<input type="checkbox"/> Change of Plans
		<input type="checkbox"/> New Construction
		<input type="checkbox"/> Non-Routine Fracturing
		<input type="checkbox"/> Water Shut-Off
		<input type="checkbox"/> Conversion to Injection
		<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 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 04/07/94. MIRU KILL TRUCK BLEED OFF CSG PRESSURE. SUSPEND TO 06/20/94.
MIRU. ND WH, NU BOP. ACDZ PERFS F/7554'-7481' W/150 BBLS 15% HCL. PUMP 30 GALS KCL WTR.
PERF F/7617'-7583'. ACDZ PERFS W/2300 GALS 20% NEFE ACID. SWAB. ACDZ PERFS F/7567'-7583'
W/1100 GALS 20% NEFE HCL. BLEED WELL DN. ND BOP, NU WH.
TURN WELL OVER TO PRODUCTION 07/14/94.

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

Signed

Title

TECHNICAL ASSISTANT

Date

8/4/94

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any: