

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Form approved
Budget Bureau No. 1004-013
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT" for such proposals.)

1. OIL WELL ☐ GAS WELL ☒ OTHER ☐

2. NAME OF OPERATOR

Chevron U.S.A. Inc.

3. ADDRESS OF OPERATOR

P.O. Box 670, Hobbs, New Mexico 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

1780' FSL and 2080' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether OF, ST, CL, etc.)

3345.9

16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

RUN CSG.

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

XX

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting and completion or Recompletion Report and Log form.)
If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.*

7-16-89

Run 275 jts of 5 1/2", 17#, L-80 & K-55, LT&C casing to 11,810'. FS at 11,808'.
FC at 11,722'. Ran 13 centralizers and 55 turbolizers.

Cmt 1st stage: Mix and pump 100sx and tail w/550sx Cl C. Plug down at 0335 hrs.
Drop bomb, open DV tool, circulate between stages, circulate 80sx lead slurry
f/1st stage to surface.

Cmt 2nd stage: Mix & pump lead of 1300sx Cl C, tail w/150sx C, close DV tool, no
cement circulated to surf. Est TOC at 2100'FS. Rig released at 1930 hrs 7/17/89.

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

SIGNED L. L. Elmue

TITLE Technical Assistant

DATE 7-18-89

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

RECEIVED