

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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 Hobbs, NM 88240 (505) 393-4121

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

2049' FNL & 480' FWL Sec. 12 T22S R23E

NM OIL CONS COMMISSION
Drawer DD

Artesia, NM 88210
FORM APPROVED

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

5. Lease Designation and Serial No.
NM-0251099-A

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

NM 85354

8. Well Name and No.

Smith Federal Gas Com #2

9. API Well No.

300152683400

10. Field and Pool, or Exploratory Area

Indian Basin

11. County or Parish, State

Eddy, NM

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

TYPE OF SUBMISSION

- ☒ Notice of Intent
☐ Subsequent Report
☐ Final Abandonment Notice

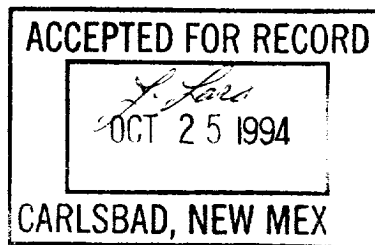
TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other Re-enter, return to production
☐ 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 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.)*

The workover operations described on Chevron's Sundry notice of 5-13-94 have been successfully completed and this well has been returned to commercial production. The well is currently shut in awaiting pipeline connection. See attached well completion report for additional information.



RECEIVED
OCT 19 11 25 AM '94
CARLSBAD AREA

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

Signed NATHAN MOUSER Title OPERATIONS SUPERVISOR

Date 10-19-94

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____
Conditions of approval, if any: