	•• **	NM OIL CONS	COMMISSION	
(June 1990) DEPARTMENT	TED STATES T OF THE INTERIOR AND MANAGEMENT	FORM APPROVED Drawer DD	FORM APPROVED Drawer DD Budget Bureau No. 1004-01 Artesia, NM 88210	
		5. Lease Designation and Serial No.	_	
SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or deepen or reentry to a different reservior.		NM-045272 6. If Indian, Allottee or Tribe Name	_	
Use "APPLICATION FOR PERMIT-" for such proposals		N/A		
SUBMIT IN TRIPLICATE		7. If Unit or CA, Agreement Designation	_	
1. Type of well Oil X Gas Other		BOGLE FLATS UNIT 8. Well Name and No.	-	
2. Name of Operator		BOGLE FLATS UNIT GAS COM. #12	_	
CHEVRON U.S.A. INC. 3. Address and Telephone No. (915) 687-7812		9. API Well No.		
3. Address and Telephone No. (915) 087-7812 P.O. BOX 1150 MIDLAND, TEXAS 79702 ATTN: P.R. MATTHEWS, ROOM 3122		30-015-28624 10. Field and Pool, or Exploratory Area	_	
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)		INDIAN BASIN; UPPER PENN (PRO GAS)		
SEC. 8, T22S, R23E		11. County or Parish, State	-	
1880' FSL & 1750' FEL, UNIT J		EDDY CO. NEW MEXICO		
CHECK APPROPRIATE BO	X(S) TO INDICATE NATURE OF NOTICE, REPORT, OR (	DTHER DATA	_	
12 TYPE OF SUBMISSION	TYPE OF ACTION		_	
X Netice of Intent	Abandonment	X Change of Plans		
Subsequent Report	Recompletion Plugging Back	New Construction		
	Casing Repair	Water Shut-Off		
Final Abandonment Notice	Altering Casing	Conversion to Injection		
	Other	Dispose Weter (Note: Report results of multiple completion on Well		
	state all pertinent details, and give pertinent dates, including estimate	Completion or Recompletion Report and Log form.) date of starting any proposed work. If well is directionally	trilled.	
give subsurface locations and measured and true	vertical depths for all markers and zones pertinent to this work.)*			
CHEVRON WISHES TO CHANGE THE	CASING PROGRAM AS FOLLOWS:			
SURFACE: SET 9 5/8", 36	#, ST&C, K-55 FRO <b>M</b> SURFACE TO 1300'.			
	T&C, K-55 FROM SURFACE TO 7700'.			
SET 7 STAGE	TOOL @ APPROX. 5500' AND ATTEMPT TO CIRCULA	TE UMT. TU SURFACE.		
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		N.S.	· · ·	
			=	
14. I hereby certy that the forgoing is true and correct Signed Horny Matthews	Title TECHNICAL ASSISTANT	Date 9/25/95	=	
(This space for Federal or State office use) Approved by State of the Sharmon A. Char	Title	Date 10/5/95		
Approved by Conditions of approval, if any:				
	rson knowingly and willfully to make to any department or agency of th	ne United States any false, fictitious or fraudulent statement	= is	
or representations as to any matter within its jurisdiction.	'See Instructions on Reverse Side		=	