

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
N.M. Oil Division  
311 S. 1st Street  
Artesia, NM 88210-2834

FORM APPROVED  
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 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. Inc.

3. Address and Telephone No.

P.O. Box 1150, Midland, TX 79702

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

1650' FNL & 2180' FEL UNIT G  
SEC. 15, T22S, R23E

5. Lease Designation and Serial No.

NM-0238919

6. If Indian, Allottee or Tribe Name

N/A

7. If Unit or CA, Agreement Designation

N/A

8. Well Name and No.

HELBING 15 FEDERAL

#4

9. API Well No.

30-015-29796

10. Field and Pool, or exploratory Area

INDIAN BASIN UPPER PENN(GAS)

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

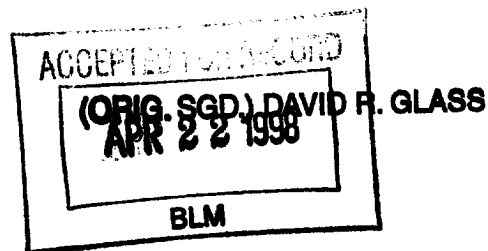
TYPE OF ACTION

- ☐ Abandonment  
☐ Recompletion  
☐ Plugging Back  
☐ Casing Repair  
☐ Altering Casing  
☐ Other COMPLETION  
☐ 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.)\*

PERFD 3739'-3801' W/2 JHPF. SET CR @ 3644'; SQZD W/100 SX CL "C" 1500#. SPOTTED 20 SX CL "C" @ 1559'. DRLD CR & CMT 1438'-3644'. DRLD FORM 7275'-7400'. ACZD 7275'-7400' W/1000 GALS 20% HCL. FRACD W/5000 GALS PAD, 15,000 GALS 20% HCL. DRLD 7400'-7450'. ACZD 7400'-7450' W/3000 GALS 20% HCL.



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

Signed

*J. K. Rippy*

Title TECHNICAL ASSISTANT

Date 4/14/98

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any: