

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NEW MEXICO OIL & GAS COMMISSION
Budget Bureau No. 1004-0135
Expires March 31, 1993
DD
Artesia, NM 88010

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	7. If Unit or CA, Agreement Designation
2. Name of Operator CHEVRON U.S.A. INC. Attn: Wendi Kingston 915-687-7826	8. Well Name and No. White City Penn Gas Com #1
3. Address and Telephone No. P. O. Box 1150 Midland, Tx 79702	9. API Well No. 30-015-00408
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 660' DNL & 660' FEL SEC 29, T24S, R26E Unit A	10. Field and Pool, or Exploratory Area White City 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	
☒ Notice of Intent	☐ Abandonment	☐ Change of Plans
☐ Subsequent Report	☐ Recompletion	☐ New Construction
☐ Final Abandonment Notice	☐ Plugging Back	☐ Non-Routine Fracturing
	☐ Casing Repair	☐ Water Shut-Off
	☐ Altering Casing	☐ Conversion to Injection
	☒ Other Add Perfs	☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

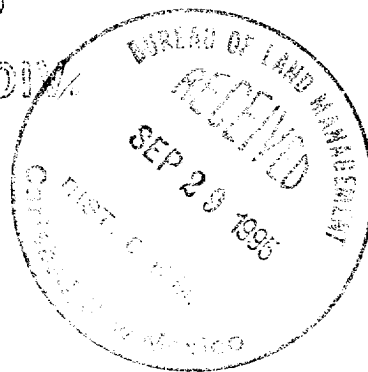
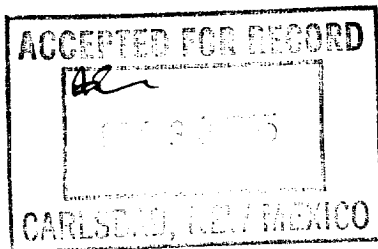
13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimate date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

WE PROPOSE TO: MIRU, PERF THE STRAWN ZONE F/9858'-9865'. PERF THE ATOKA F/9990'-9995'. SET RBP @10040'. TREAT ATOKA PERFS W/2000 GALS 15% FE. SET RBP @9875'. TREAT STRAWN PERFS W/1000 GALS 15% FE. SET RBP @9845'. TREAT OLD STRAWN PERFS 9806'-9832' W/1500 GALS 15% FE. RDMO.

RECEIVED

NOV 01 1995

OIL CON. DIV.
DIST. 2



14. I hereby certify that the foregoing is true and correct.
Signed: [Signature] Title: TECHNICAL ASSISTANT Date: 9/28/95
(This space for Federal or State office use)
Approved by: _____ Title: _____ Date: _____
Conditions of approval, if any: