

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

N.M. 6.1 S. 1st  
Artesia NM  
Division  
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 <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	6. If Indian, Allottee or Tribe Name N/A
2. Name of Operator Chevron U.S.A. Inc.	7. If Unit or CA, Agreement Designation N/A
3. Address and Telephone No. P.O. Box 1150, Midland, TX 79702 (915) 687-7148	8. Well Name and No. LENTINI "1" FED #1
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 550' FNL & 400' FWL UNIT D SEC. 1, T23S, R28E	9. API Well No. 30-015-27533
	10. Field and Pool, or exploratory Area HERRADURA BEND; DELAWARE, E.
	11. County or Parish, State EDDY, NM

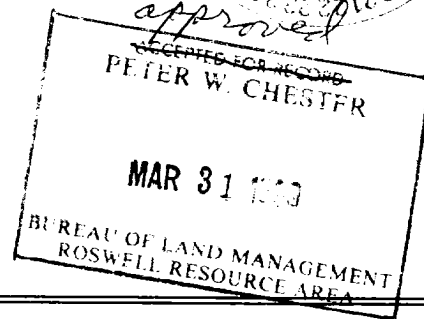
12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other ADD PERFS
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> 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.)\*

POH W/PROD EQPT. PERF 5929'-5972' W/4 JHPF. ACZ W/2500 GALS 10% ACETIC ACID.  
FRAC AS NEEDED. RIH W/PROD EQPT. RETURN WELL TO PRODUCTION.



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

Signed J.K. Ripley Title TECHNICAL ASSISTANT Date 3/10/99

(This space for Federal or State office use)

Approved by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Conditions of approval, if any: \_\_\_\_\_