Form 3160-5 (June 1990)

UNITED STATES DEPARTMENT OF THE INTERIOR **BUREAU OF LAND MANAGEMENT**

FORM APPROVED

Budget Bureau No. 1004-0135

Expires: Merch 31, 1993

5. Lease Designation and Serial No.

| SUNDRY NOTICES AND REPORTS ON WELLS | | | NM-18038 | |
|---|--------------------------------------|--------------------------------|---|--|
| Do not use this form for proposa | 6. If Indian, Allottee or Tribe Name | | | |
| Use "AP1 | PLICATION FOR PEN | MIT-" for such proposals | | |
| SUBMIT IN TRIPLICATE | | | 7. If Unit or CA, Agreement Designation | |
| . Type of well Gee | Other | | 8. Well Name and No. | |
| Name of Operator CHEVRON U.S.A. INC. | | | S. API Well No. | |
| . Address and Telephone No. | TTN: WENDI KIN | GSTON 915-687-7826 | 30-015-27565 | |
| P.O.BOX 1150, MIDLAND, TX 79702 S. Location of Well (Footage, Sec., T., R., M., or Survey Description) | | | 10. Field and Pool, or Exploratory Area HERRADURA BEND EAST | |
| 1650' FNL & 1725' FWL UNIT F, SEC 1, T23S, R28E | | | 11. County or Parish, State EDDY, NM | |
| CHECK APPF | ROPRIATE BOX(S) TO | INDICATE NATURE OF NOTICE, REP | ORT, OR OTHER DATA | |
| 2 TYPE OF SUBMISSIO | TYPE OF SUBMISSION TYPE OF ACTION | | | |
| Notice of Inte | ent | Abandonment Recompletion | Change of Plans New Construction | |
| X Subsequent R | Report | Plugging Back Casing Repair | Non-Routine Fracturing Water Shut-Off | |
| Finel Abendonm | ant Notice | Altering Casing | Conversion to Injection | |
| | | X Other NEW WELL COMPL. | Dispose Water Piote: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) | |

MIRU 11/15/93. RUN BASE TEMP/GR LOG.

SPOT 500 GALS 10% ACID.

PERF F/6174'-6155'. SPOT 250 GALS 7.5% HCL.

FRAC 9100 GALS GEL & 16300 LBS 16/30 SD.

PERF F/5935'-5965'. FRAC 17,000 GALS GEL & 35,200 LBS 16/30 SD.

RIH W/2 7/8" TBG TO 6188'.

RDMO. WELL WORK COMPLETED 11/23/93.

RECEIVED

HOV 07 1995

OIL CON. DIV. DIST ?

|) | | | |
|--|---|----------------------------|---------|
| 4. I hereby certify the the forgoing to the partitions. Signed | TECHNICAL ASSISTANT | Date | 11/6/95 |
| (This space for Federal or State office use) Approved by Conditions of approval, if any: | | Date | |
| COLUMN OF SPECIAL COLUMN OF SP | tra to any department or approved the United States any false fiction | us or fraudulent statement | |

or representations as to any matter within its jurisdiction.