

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NM OIL CONS COMMISSION

Drawer DD

FORM APPROVED
Artesia, NM 88210
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 deepen or reentry to a different reservoir.

Use "APPLICATION FOR PERMIT-" for such proposals

SUBMIT IN TRIPLICATE

1. Type of well
☐ Oil ☒ Gas ☐ Other

2. Name of Operator
CHEVRON U.S.A. INC. Attn: Wendi Kingston 975-687-7826

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 & 1650' FWL

Sec 12, T25S, R26E

Unit F

5. Lease Designation and Serial No.

NM14124

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

MARQUARDT FEDERAL #2

9. API Well No.

30-015-22936

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
<input checked="" type="checkbox"/>	Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" 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 checked="" 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 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.)

WORK COMPLETED ON 10/6/94: RUN PRESSURE BOMB

WORK COMPLETED ON 10/19/94: REPLACE STACK PACK DUE TO OPERATION PROBLEMS.

NOV 4 1994
O. C. D.
ARTESIA, OFFICE

OCT 20 10 34 AM '94
CARL
AREA

RECEIVED

2 1994
SV

14. I hereby certify that the foregoing is true and correct. Signed Wendi Kingston Title TECHNICAL ASSISTANT Date 10/19/94

(This space for Federal or State office use)

Title _____

Date _____

Approved by _____
Conditions of approval, if any:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

*See Instructions on Reverse Side