

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP
(Other Instructions
on reverse side)

Form approved
Budget Bureau No. 1004-0135
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT" for such proposals.)

1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		2. NAME OF OPERATOR Chevron U.S.A. Inc. ✓	
3. ADDRESS OF OPERATOR P.O. Box 670, Hobbs, New Mexico 88240		4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 760 FSL and 1980 FWL	
14. PERMIT NO.		15. ELEVATIONS (Show whether OF, RT, CR, etc.) 3315'	
5. LEASE DESIGNATION AND SERIAL NO. NM14124		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
7. UNIT AGREEMENT NAME		8. FARM OR LEASE NAME Marquart Federal	
9. WELL NO. 4		10. FIELD AND POOL, OR WILDCAT Sulphate Delaware	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 1, T25S, R26E		12. COUNTY OR PARISH Eddy	
13. STATE NM			

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETION	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input checked="" type="checkbox"/>
(Other) Plugback			

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

17. 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.)

Work performed 6-29 thru 8-4-88

TD:11,824 PB: 2265'

Blow dn tbg and csg press. to test tank. RIH w/ CIBP and set at 10,250. Dump cmt f/ 10,250 to 10,215' (35'). RIH, tag cmt at 10,210'. Spot 27 bbl P&A mud in 5" liner f/ 10,210-8,450'. Spot 50sx C neat plug f/8497' in 5" liner to 8180'. TOL at 8390'. WOC, TIH tag TOC at 8245'. (252' plug) Spot 127 bbl P&A mud f/8245' to 5562'. Spot 30sx C neat balanced plug f/5560' to 5410', (149'). PUH to 5440' and rev out 8sx cmt. TOC at 5440'. Spot 115 bbl P&A mud f/5440' to 3000'. Circ 7 5/8" csg f/3009' to surf. Ran GR/CCL f/3000' to surf. Perf 7 5/8" csg f/3000' to 3002' w/4" guns 2 SPF, 180° phase. 4 holes total. Set CICR at 2894' test tbg to 1000psi and tst csg f/2894 to CICR at 2956', leaked off. Cmt 7 5/8" csg f/3002' to surf, w/200sx Cl C, Tail in w/ 350sx Cl C. Rev out 7sx cmt, TOC in 7 5/8 2870'. WOC 24 hrs. Perf 7 5/8" csg w/ 4" guns 2 SPF 180° phase, f/2397-2403, 2424-2430, 2489-2495, total 36 holes. Spot 300 gal. NEFE across perfs f/2490-2319. Reverse excess acid in tbg, Cont to acdz perfs f/2397-2495 w/1800 gal 15% NEFE w/ additives, flush to bottom perf. Swab. Frac Delaware Zone B w/19,000 gal 40# HPG XL 2% KCL FW, and 44,000# 20/40 Ottawa. SWIFN for gels to break. Open and flow well back. Swab. Pmp thru CICR at 2300', sqz perfs f/2397-2495' w/200sx Cl C, obtained 600psi running sqz w/172sx in form. 19sx in csg, below CICR, 8sx above ret (continued)

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

SIGNED M. E. Abbin

TITLE Staff Drilling Engineer DATE August 8, 1988

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side

SJS