

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE
(Other instructions on re-
verse 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 formation.
Use "APPLICATION FOR PERMIT" for such proposals.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Chevron U.S.A. Inc.	8. FARM OR LEASE NAME Marquardt Federal
3. ADDRESS OF OPERATOR P.O. Box 670, Hobbs, New Mexico 88240	9. WELL NO. 4
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Unit N, 760' FSL and 1980' FWL	10. FIELD AND POOL, OR WILDCAT Sulphate Delaware
14. PERMIT NO.	15. ELEVATIONS (Show whether OF, RT, CL, etc.)
11. SEC., T., R., M., OR BLK. AND SURFST 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
FRACTURE TREAT
SHOOT OR ACIDIZE
REPAIR WELL
(Other)

PULL OR ALTER CASING
MULTIPLE COMPLETION
ABANDON
CHANGE PLANS

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF
FRACTURE TREATMENT
SHOOTING OR ACIDIZING
(Other)

REPAIRING WELL
ALTERING CASING
ABANDONMENT

(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.)

NOTIFY BLM AT 387-6544.

SET CLBP @ 1950' & CAP W/35' CMT, DISPLACE WELLBORE W/P&A MUD, PERF 7 5/8" CSG @ 850', SQUEEZE PERFS @ 850 W/200 SX CMT ~~ATTEMPT TO CIRC CMT TO SURFACE~~ VIA 7 5/8" x 10 3/4" CSG, SET 10 SX SURFACE PLUG, CUTOFF WELLHEAD 3' BELOW GL INSTALL DRY HOLE MARKER.

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

SIGNED L. L. L. L.

TITLE HM AT LA PLOD. SUPP

DATE 12-01-89

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL IF ANY:

TITLE

DATE 2-11-89

RECEIVED