

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NM 11 CONS COMMISSION
FORM APPROVED
Artesia, NM 80510

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 <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Other | 5. Lease Designation and Serial No. NM14124 |
| 2. Name of Operator CHEVRON U.S.A. INC. Attn: Wendi Kingston 915-687-7826 | 6. If Indian, Allottee or Tribe Name |
| 3. Address and Telephone No. P. O. Box 1150 Midland, Tx 79702 | 7. If Unit or CA, Agreement Designation |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 760' FSL & 1980' FWL Sec 1, T25S, R26E Unit N | 8. Well Name and No. MARQUARDT FEDERAL #4 |
| | 9. API Well No. 30-015-23446 |
| | 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 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 RE-ENTER |
| | <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 completions 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 STARTED 11/7/94. MIRU PU. ND WH, NU BOP. DRILL CMT TO 10,616'. RUN GR/CCL LOGS FROM 10640'-9850'. RD PU, NU WH, ND BOP. RU WIRELINE. PERF F/10,274'-10,284', 10,228'-10,235', 10,012'-10,016'. ACDZ W/2000 GALS 15% HCL. RD WIRELINE. TURN WELL OVER TO PRODUCTION 12/22/94.

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

Signed

Title

TECHNICAL ASSISTANT

Date

1/11/95

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any: