

RECEIVED BY
(November 1983)
(Formerly 9-331)

NOV 13 1985

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN THE "APPLICABLE"
(Other Instruc on re-
verse side).

Expires August 31, 1985

45F

6. LEASE DESIGNATION AND SERIAL NO.

NM 06766

8. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

North Hackberry Yates

9. FARM OR LEASE NAME

9. WELL NO.

118

10. FIELD AND POOL, OR WILDCAT

North Hackberry Yates

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec 24 T19S R30E

12. COUNTY OR PARISH

Eddy

13. STATE

NM

O.C.D.
ARTESIA, OFFICE

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.)

OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Chevron U.S.A. Inc.

3. ADDRESS OF OPERATOR

P. O. Box 670, Hobbs, NM 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

2523' FSL & 1246' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether OF, RT, OR, etc.)

3289.7 GL

16. 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)

PCLL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANE

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

Change of Plans

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 perti-
nent to this work.)*

Well will not be drilled. Cancel APD.

ACCEPTED FOR RECORD

NOV 12 1985

Post ID-2
12-6-85
Exp. Int.

CARLSBAD, NEW MEXICO

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

SIGNED

TITLE

Division Drilling Manager

DATE

11-5-1985

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side