

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(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 reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM-013492 SF-078091	
2. NAME OF OPERATOR Chevron U.S.A. Inc., Room 11111		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 599, Denver, Colorado 80201		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660 FNL 660 FEL		8. FARM OR LEASE NAME West Bisti Unit	
14. PERMIT NO.		9. WELL NO. 124	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6,245 KB		10. FIELD AND POOL, OR WILDCAT Bisti Lower Gallup	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 28, T26N, R13W	
		12. COUNTY OR PARISH San Juan	
		13. STATE N.M.	

16. 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 checked="" 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 type="checkbox"/>
(Other)	<input type="checkbox"/>		

(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.)\*

It is proposed to fracture stimulate WBU #124 as follows:

1. MIRU. N/U BOPE and test.
2. Pull production equipment.
3. Run packer. Fracture stimulate perfs 5,020'-40' and 5,070'-86' with 131,000# sand in 75,000 gal. gelled water.
4. Clean out to PBID.
5. Run production equipment.
6. Release rig. Place well on production.

RECEIVED  
OIL CON. DIV.  
DIST. 3  
APR 05 1983  
FARMINGTON RESOURCE AREA  
FARMINGTON, NEW MEXICO  
03 MAR 28 PM 1:16  
OIL MAIL ROOM

RECEIVED  
APR 05 1983  
OIL CON. DIV.  
DIST. 3

6 - BLM  
1 - EEM  
1 - JTC  
3 - Drig.  
- 1 - File

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

SIGNED J. Watson TITLE Technical Assistant DATE March 24, 1988

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE Area Manager DATE APR 01 1988

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

APPROVED

APR 01 1988

ASA MANAGER