Form 3160-5 (June 1990)

UNITED STATES OCD-ARTESIA DEPARTMENT OF THE INTERIOR **BUREAU OF LAND MANAGEMENT**

FORM APPROVED Budget Bureau No. 1004-0135

Expires: March 31, 1993

SHINDRY	NOTICES	AND	REPORTS	ON WEL	1.5
SUNDE	NULLES	MIND	REPURIS	OIA AAFF	L-J

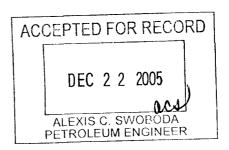
5. Lease Designation and Serial No.

Use "APPLICATION F	6. If Indian, Alottee or Tribe Name	
SUBM	IT IN TRIPLICATE	7. If Unit or CA, Agreement Designation
1. Type of Well: OIL GAS WELL WELL	OTHER DEC. 9.000	8. Well Name and Number LENTINI 1 FEDERAL
Name of Operator CHEVRON USA IN	C OCU-ARTERIA	22
3. Address and Telephone No. 15 SMITH RD, MID		9. API Well No. 30-015-28475
4. Location of Well (Footage, Sec., T., R., M., or Survey Unit Letter C : 990' Feet From TI	Description) ne NORTH Line and 2310' Feet From The	10. Field and Pool, Exploaratory Area EASET HERRADURA BEND DELAWARE
WEST Line Section 1	Township 23-S Range 28-E	11. County or Parish, State EDDY , NM
12. Check Appropriate	Box(s) To Indicate Nature of Notice, Re	eport, or Other Data
TYPE OF SUBMISSION	TY	PE OF ACTION
 Notice of Intent ✓ Subsequent Report Final Abandonment Notice 	Abandonment Recompletion Plugging Back Casing Repair Attering Casing ✓ OTHER: RETURN TO PRODUC	Change of Plans New Construction Non-Routine Fracturing Water Shut-Off Conversion to Injection Dispose Water (Note: Report results of multiple completion on Well
		Completion or Recompletion Report and Log Form.)

11-23-05: PULL THE PUMP AND REPLACE, THEN RETURN TO PRODUCTION.

11-23-05: ON 24 HR OPT. PUMPING 9 OIL 66 GAS, & 99 WATER.

on Inactive Well Sist



			MOCD		
14. I hereby certify that the flangoing is true and correct SIGNATURE	NESTON DILE	Regulatory Specialist	~d`'	12/15/2005	
TYPE OR PRINT NAME DE	enise Pinkerton		cethring for recompate	12/13/2003	
(This space for Federal or State office use) APPROVED					
CONDITIONS OF APPROVAL, IF ANY:	TITLE		DATE		

^{13.} 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,)*.