

NM-56378

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Chevron 18 Federal

9. WELL NO.

1

10. FIELD AND POOL OR WILDCAT

San Andres-Cato

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

Sec 18 T-9S R-30E

14. PERMIT NO.

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

4017.7

12. COUNTY OR PARISH 13. STATE

Chaves

NM

16

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF  
FRAC. TREATMENT  
SHOOTING OR ACIDIZING  
REPAIR WELL  
Other:

DRILL OR ALTER CASING  
WELL LIFE COMPLETION  
ABANDONMENT  
CHANGE NAME

WATER SHUT-OFF  
FRAC. TREATMENT  
SHOOTING OR ACIDIZING  
Other: Spud & Surface Csg.

REPAIRING WELL  
ALTERING CASING  
ABANDONMENT

X

(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.

Spud well @ 11:15 am (1-31-86)  
Ran 20 Jts 8 5/8" J55 24# Csg set @ 858'  
cemented w/ 475 sks class 'c' w/ 2% cac1<sub>2</sub>  
Circ1. 112 sks to pit  
plug down @ 6:15 am (2-1-86)  
WOC-12 hrs.  
Test Csg & BOP to 600#/30 min.



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

SIGNED

*M. Young*

Mickey Young

TITLE Drilling Superintendent

DATE 2-6-86

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

PETER D. CHESTER

FEB 14 1986

BUREAU OF LAND MANAGEMENT  
ROSWELL RESOURCE AREA

\*See Instructions on Reverse Side