

**DISTRICT 1**

P.O. Box 1980, Hobbs, NM 88240

**DISTRICT II**

P.O. Drawer Dd, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, Nm 87410

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		N/A	
1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. Lessee Name or Unit Agreement Name STATE 1-29	
2. Name of Operator CHEVRON U.S.A. INC.		8. Well No. 6	
3. Address of Operator P.O. BOX 1150 MIDLAND, TX 79702 ATTN: NITA RICE		9. Pool name of well HOBBS BLINEBRY	
4. Well Location Unit Letter <u>P</u> : <u>330</u> Feet From The <u>SOUTH</u> Line and <u>660</u> Feet From The <u>EAST</u> Line Section <u>29</u> Township <u>18S</u> Range <u>38E</u> NMPM <u>LEA</u> County		10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3646' GL	
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data			
<b>NOTICE OF INTENTION TO:</b> PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER: <u>PLUG BACK SAME ZONE</u> <input checked="" type="checkbox"/>		<b>SUBSEQUENT REPORT OF:</b> REMEDIAL WORK <input type="checkbox"/> ALTER CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABAN. <input type="checkbox"/> CASING TEST AND CMT JOB <input type="checkbox"/> OTHER: <input type="checkbox"/>	
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including anticipated date of starting any proposed work) SEE RULE 1102			

WE PROPOSE TO: MIRU, ND WH, NU BOP'S. POH W/TBG. RIH W/CICR & SET @5800'. SQZ EXISTING PERFS F/5882'-5938' W/150 SX CMT. D/O CICR. PERF F/6212'-30' & 6288'-6292'. ACZ PERF W/1400 GALS 15% HCL. ND BOPS, NU WH, SWAB WELL. RD PU. TURN WELL OVER TO PRODUCTION.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

**SIGNATURE**

## RULE

**TECH. ASSISTANT**

DATE: 05/23/94

TYPE OR PRINT NAME

**WENDI KINGSTON**

**TELEPHONE NO. (915)687-7436**

**APPROVED BY**

**TITLE**

051007 1 500 200 000

DATE \_\_\_\_\_

**CONDITIONS OF APPROVAL, IF ANY:**

**RECEIVED**

**MAY 25 1984**

**OLD NEWS  
OFFICE**