

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
ROPER, NEW MEXICO

SUBMITTER'S
(Other instructions on re-
verse side) CATE*

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. NM26690
2. NAME OF OPERATOR Chevron U.S.A. Inc.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 670, Hobbs, New Mexico 88240	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 Unit A 660' FNL and 660' FEL	8. FARM OR LEASE NAME Patterson Federal
14. PERMIT NO.	9. WELL NO. 1
15. ELEVATIONS (Show whether OF, RT, GR, etc.) 3679.7'	10. FIELD AND POOL, OR WILDCAT N. Lusk Seven Rivers
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 4, T19S, R32E
	12. COUNTY OR PARISH Lea
	13. STATE NM

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Re-enter P&A'd well, perfxx	
(Other) <input type="checkbox"/>		acdz. (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.)

TD: 10,900 PBTD: 3958 Work performed 1-22-88 through 1-29-88

Cut off dry hole marker, weld collar on 8 5/8", make nipple to stub to surf. Weld 8 5/8" head on, test to 2000psi, NU BOP, TIH to 3958', tst csg to 2000psi, ok. Displace hole w/ CKF. Run GR/CCL, perf 3819-33, 2 JHPF, 180° phased 4" csg guns, 29 holes. Acidize w/3000 gallons 15% NEFE acid. Swab. Set pkr at 3760, frac perfs 3819-33 w/ 6000 gallons 30# 1000 linear gel and 9300# 20/40 Brady sand. Swab. Rlse pkr and POH. RIH w/WS, tag fill at 3866, Wash sd f/3866 to 3912, circ. clean. Continue to wash sand f/3912 to 3958', circ. clean. LD WS, ND BOPE, NU tbg hanger, release pulling unit.

RECEIVED
MAR 7 8 20 AM '88
CARLSTADT
AREA HEADQUARTERS

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

SIGNED M E Atkins TITLE Staff Drilling Engr. DATE Feb. 2, 1988

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

RECEIVED
MAR 26 1960
COMM. DIVISION