

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN THE MIDDLE
(Other instructions on reverse 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 ☒ GAS WELL ☐ OTHER ☐		3. LEASE DESIGNATION AND SERIAL NO. NM-16357
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 K 1980' FSL & 1980' FWL		8. FARM OR LEASE NAME LANGLIE FEDERAL A COM
14. PERMIT NO.	15. ELEVATIONS (Show whether OF, RT, CR, etc.) 3675' GL	9. WELL NO. 1
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		10. FIELD AND POOL, OR WILDCAT TONTON
		11. SEC. T. R. M. OR BLK. AND SURVEY OR AREA SEC 9 T19S R33E
		12. COUNTY OR PARISH LEA
		13. STATE 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 ☐	PULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETION ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANS ☐	(Other) PLUG BACK ☒	(Other) ☒
(Other) ☐		(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.)			

10/15/89 - Set CIBP @ 10850', cap w/35' cmt, test csg & CIBP to 500psi.
10-16-89 - Ran GR/CCL f/10500'-9500', perf 3rd Bone Springs 10318'/359'.
10/17/89 - Acidize 3rd Bone Springs w/5000g 20% NEFE HCL.
10/19/89 - RDMOPU

OCT 21 11 50 AM '89

RECEIVED

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

SIGNED M. E. Akins TITLE Staff Drilling Engineer DATE 10/20/89
M. E. AKINS
(This space for Federal or State office use)

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

OCT 27 1989

*See Instructions on Reverse Side

SJS
CARLSBAD, NEW MEXICO 24 Underway

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NOV 42 1989

OCD
HOBBS OFFICE