

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

5. Lease Designation and Serial No.
LC-029489-C

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.
COCKBURN "G" FEDERAL 1

9. API Well No.
30-025-30711

10. Field and Pool, or Exploratory Area
BONE SPRINGS

11. County or Parish, State
LEA, NEW MEXICO

SUBMIT IN TRIPLICATE

1. Type of Well
 Oil Well Gas Well Other

2. Name of Operator
CHECRON U.S.A. INC.

3. Address and Telephone No.
P.O. BOX 1150 MIDLAND, TX 79702 ATTN: P.R. MATTHEWS

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
1650 FSL & 940 FWL

SEC. 10, T 18S, R 33E

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input checked="" type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)*

MIRU, POOH W/PROD. EQUIP.
SQUEEZE THE DELAWARE PERFS AT 5214-5239.
CEMENT USED 200 SXS. SQZ. TO 2400 PSI., WOC 24 HRS. TST/SQZ TO 500 PSI-OK.
DRILL OUT CIBPS AT 5390 AND 9025, CIRC. HOLE.
ACDZ 9002-TD WITH 6000 GALS. 28% NEFE, (BONE SPRINGS).
RDMO, RETURN TO PRODUCTION.
WORK STARTED 7-29-91 WORK ENDED 8-2-91.

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

Signed P.R. Matthews

Title TECHNICAL ASSISTANT

Date 8-26-91

(This space for Federal or State office use)

Approved by _____
Conditions of approval, if any:

Title _____

Date _____