

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate
(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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. NM0775
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 Davis Federal
14. PERMIT NO.	9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GL, etc.) 3682	10. FIELD AND POOL, OR WILDCAT L. Knowles Dev.
	11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA Sec. 13, T17S, R38E
	12. COUNTY OR PARISH Lea
	13. STATE NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☒
REPAIR WELL ☐
(Other) ☐

PULL OR ALTER CASING ☐
MULTIPLE COMPLETION ☐
ABANDON* ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐
FRACTURE TREATMENT ☐
SHOOTING OR ACIDIZING ☐
(Other) ☐

REPAIRING WELL ☐
ALTERING CASING ☐
ABANDONMENT* ☐

(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.)

PB: 12,171

It is proposed to remove the existing unidraulic equipment from this well, acidize the Devonian interval (12094-12138) and open hole (12141-12171) with 5000 gallons 15% NEFE HCL + 900 GRS in 900 gallons 10#/gal gelled BW at 5000psi MSTP and 4-5 bpm. Swab back residue, TIH w/ production tbq and rod pumping equipment and turn over to production.

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

SIGNED M. E. Abin

TITLE Staff Drlg. Engr.

DATE May 27, 1988

(This space for Federal or State office use)

APPROVED BY EIC 8808 EUGEN

TITLE

DATE 6-13-88

CONDITIONS OF APPROVAL IF ANY

*See Instructions on Reverse Side