Form 3160-5
(November 1983)
(Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE* (Other instructions on reverse side)

Form approved.
Budget Bureau No. 1004-01
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 [XX] GAS WELL [ ] OTHER

2. NAME OF OPERATOR
Chevron U.S.A. Inc.

3. ADDRESS OF OPERATOR
P.O. Box 670, Hobbs, New Mexico 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface
Unit P, 660' FSL & 660' FEL

5. LEASE DESIGNATION AND SERIAL NO.
NM 0775

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Davis Fed

9. WELL NO.
2

10. FIELD AND POOL, OR WILDCAT
Knowles E. Devonian So.

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 13, T17S, R38E

12. COUNTY OR PARISH
Lea

13. STATE
NM

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

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 COMPLETE	[ ]	FRACTURE TREATMENT	[ ]	ALTERING CASING	[ ]
SHOOT OR ACIDIZE	[ ]	ABANDON*	[ ]	SHOOTING OR ACIDIZING	[ ]	ABANDONMENT*	[ ]
REPAIR WELL	[ ]	CHANGE PLANS	[ ]				
(Other) Acdz Devonian Perfs			[XX]	(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.)*

IT IS PROPOSED TO ACIDIZE DEVONIAN PERFS @ 12186-12216 OF THE SUBJECT WELL.

RECEIVED
APR 12 1990
O. C. D.
HOBBS, OFFICE

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

SIGNED M. E. Abrin 4/10/90 TITLE Staff Drlg. Engr. DATE 4-9-90

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

4-25-90