

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
POST BOX 1280
HOBBS

SUBMIT IN TRIPLI
COPY TO THE COMMISSION

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.
LC-070397

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 ☐ Injector

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

890' FNL & 1650' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether OF, ST, GR, etc.)
3758' GL

7. UNIT AGREEMENT NAME
West Pearl Queen Unit

8. FARM OR LEASE NAME

9. WELL NO.
104

10. FIELD AND POOL, OR WILDCAT
Pearl Queen

11. SEC., T., R. M., OR BLK. AND
SURVEY OR AREA
Sec. 29, T19S, R35E

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:

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

PLUG OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
ABANDON ☐
CHANGE PLANS ☒

SUBSEQUENT REPORT OF:

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

REPAIRING WELL ☐
ALTERING CASING ☐
ABANDONMENT ☐

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.)

This well failed a NMOCDC casing integrity test on 2/2/87. It is proposed to temporarily abandon this wellbore as follows:

Set CIBP @ 4760' and cap with 35' of cement.

Test casing and CIBP to 500 psi for 30 minutes.

If casing does not test, isolate casing leak and repair as necessary.

Circulate hole with packer fluid and test casing to 500 psi for 30 minutes.

Change status to TA.

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

SIGNED Darryl A. Salvo

TITLE Staff Drilling Engineer

DATE 3-23-1987

(This space for Review by State office use)

APPROVED BY Asst. Dir.

TITLE

DATE 3-25-87

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side