

UNITED STATES N. M. SUBMIT IN TRIPLINING
DEPARTMENT OF THE INTERIOR (Other instructions on
BUREAU OF LAND MANAGEMENT reverse side)
HOBBS, NEW MEXICO 88240

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. NM 19620 |
| 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, NM 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 660' FSL + 1980' FWL | 8. FARM OR LEASE NAME Iriste Draw Fed |
| 14. PERMIT NO. | 9. WELL NO. |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3728' GL | 10. FIELD AND POOL, OR WILDCAT Guadalupe Tail Bone Spring |
| | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 11-23S-32E |
| | 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 <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | MULTIPLE COMPLETE <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | ABANDON* <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> |
| (Other) <input type="checkbox"/> | |

SUBSEQUENT REPORT OF:

| | |
|--|--|
| WATER SHUT-OFF <input type="checkbox"/> | REPAIRING WELL <input type="checkbox"/> |
| FRACTURE TREATMENT <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input checked="" type="checkbox"/> |
| (Other) <input checked="" type="checkbox"/> | |

(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.)*

FGH w/prod eq pt. Set CIBP @ 11,575' Prod 0 oil. Set CIBP @ 11,412' Prod 0 oil. Set CIBP @ 11,230' Perf 9916-22' 9927-31' u/k 2) JH. Accy w/3500 gals 15% NEFE + 30 RCNB's. AIR 3.2 BPM @ 2600#. Swab. GHH w/prod thg, pump + rods. Now testing: fpg 0 oil, gas TSTM.

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

SIGNED

R. D. Pite

TITLE

DIV. PETR. ENGINEER

DATE

8-1-85

(This space for Federal or State office use)

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

TITLE

DATE

SWO
AUG 6 1985

*See Instructions on Reverse Side

RECEIVED

AUG -8 1987

1987 AUG 8