Form 3160-5 (September 2001)

## New Markes and ASSS N. Francis. STATES Tollies, NV/ 834.11 **UNITED STATES** DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

FOR	M A	PPR	ov	ED
OMB				
Expires	Janu	ыагу	31.	200

	5. Lease Serial No.					
SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.  SUBMIT IN TRIPLICATE - Other instructions on reverse side			LC-032104			
			6. If Indian, Allottee or Tribe Name			
			7. If Unit or CA/Agreement, Name and/or No. A.H. Blinebry Fed NCT-1			
1. Type of Well				in Dimesty red Ner-1		
2. Name of Operator	→ Other	· · · · · · · · · · · · · · · · · · ·		8. Well Name and No.		
•				44		
Chevron USA, Inc.  3a. Address				9. API Well No.		
	3b. Phone No. (include area code)			30-025-30042		
15 Smith Rd. Midland, Tx 79705				10. Field and Pool, or Exploratory Area		
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)				Brunson, ABO, South		
U.L.(F. 2980' FNL 1700' FWL			11. County or Parish, State			
Sec-33 TS-22-S R	ange 38-E			Lea, New Mexico		
12. CHECK AF	PROPRIATE BOX(ES) TO	INDICATE NATUR	E OF NOTICE, R	EPORT, OR OTHER DATA		
TYPE OF SUBMISSION		TYPE OF ACTION				
Attach the Bond under which the	Alter Casing Casing Repair Change Plans Convert to Injection  d Operation (clearly state all pertine ctionally or recomplete horizontally, ne work will be performed or provide olved operations. If the operation real Abandonment Notice	le the Bond No. on file w	ith BLM/BIA. Require	Well Integrity Other		
	5383 spot 25sx plus LF, 9.5# Brine w/25 /5400 to 5200(Gloria /2800 to 3600(Queen /2700 to 2500(Yates /1400 to 1200(11 3/2) o surf w/45sx(fresh	g fr/6383 to 6 Gel p/BB1 etta) ) -B-salt) 4 shoe, T-salt	5200(South Bi	runson ABO) Tag @ 6163		
4. Thereby certify that the forecoing		2004 B	ggali, et is sevenik al bned tahau yilki al noterioren esri	ng of his was pro-		
. T. LUCKEDY CERTIFY that the foregoing	rie true and compat					

14. I hereby certify that the foregoing is true and correct Name (Printed/Typed)	Title	M		
Signature Toly Ababas	Date	10/1/02	SUNSET	WELL SERVICE
APPROVED THIS SPACE FOR FEDERA	L OR	STATE OFFICE USE		
Approved by ORIG. SGD.) DAVID R. GLASS		Title	Date	
Conditions of approval is any, are attached. Approval of this notice does not warracertify that the applicational delay legal of the application o	ant or lease	Office	Date	
Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for an States any false, fictuous or translution statements or representations as to any matter w	ny perso vithin it	n knowingly and willfully to s jurisdiction.	make to any departn	nent or agency of the United

(Instructions on reverse)