

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

EXPIRATION DATE  
(Other Instructions on reverse side)

Expires August 31, 1985

0. LEASE DESIGNATION AND SERIAL NO.

LC 030187

1. 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 ☐

2. NAME OF OPERATOR

Chevron U.S.A. Inc.

3. ADDRESS OF OPERATOR

P. O. Box 670, Hobbs, NM 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface

660' FNL & 660' FEL

14. PERMIT NO.

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

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

La Munyon Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Langlie Mattix

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec 21, T23S, R37E

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

☐

PULL OR ALTER CASING

☐

FRACTURE TREAT

☐

MULTIPLE COMPLETE

☐

SHOOT OR ACIDIZE

☐

ABANDON\*

☐

REPAIR WELL

☐

CHANGE PLANS

☐

(Other) Test downhole equipment

☒

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐

REPAIRING WELL

☐

FRACTURE TREATMENT

☐

ALTERING CASING

☐

SHOOTING OR ACIDIZING

☐

ABANDONMENT\*

☐

(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.)\*

Propose to POH with production equipment. GIH with CIBP and set at 3414 with 35'

of cement on top. Load hole with inhibited water and test to 500 psi. Well will

remain TA'd.

APPROVED FOR 12 MONTH PERIOD  
ENDING 9/22/87

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

SIGNED

*M. W. Casey*

TITLE Div. Proration Engineer

DATE 5/29/86

(This space for Federal or State office use)

APPROVED BY

*M. W. Casey*

TITLE

DATE

9/23/86

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side