

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

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. LC-030187
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, New Mexico 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 1650' FNL & 330' FEL	8. FARM OR LEASE NAME Lamson Fed
	9. WELL NO. 4
	10. FIELD AND POOL, OR WILDCAT Kangli Mattie
	11. SEC., T.R., M., OR BLK. AND SURVEY OR AREA Sec 21-T235-R37E
14. PERMIT NO.	12. COUNTY OR PARISH Dea
15. ELEVATIONS (Show whether DF, RT, GR, etc.)	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)

PULL 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*

(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 pressure up on casing to 500 psi to test casing & CIBP integrity. Well will remain ID'd pending evaluation for enhanced recovery potential.

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

SIGNED Shen Allen for CLM TITLE New Mexico Area Supt.

DATE 4-15-87

(This space for Federal or State office use)
Orig. Sgd. Linda S. C. Rundell

APPROVED BY Acting Area Manager

TITLE

DATE

5-14-87

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

RECEIVED
MAY 18 1987
OCD
HOBBS OFFICE