

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)

Expires August 31, 1985

5. LAND DESIGNATION AND SERIAL NO.

LC-030187

6. IF APPLICABLE, ALLOTTEE OR TRIBE NAME

88240

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

1650' FNL and 330' FEL

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

La Munyon Fed

9. WELL NO.

4

10. FIELD AND POOL, OR WILDCAT

Langlie Mattix

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

Sec 21, T23S R37E

14. PERMIT NO.

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

3280

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) Test downhole equipment

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANE

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 and CIBP integrity.

Well will remain TA'd pending evaluation for enhanced recovery potential.

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

Orig. Sign.

TITLE

DATE

9/23/87

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

RECEIVED
SEP 26 1986
HONOLULU OFFICE