

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

8. SUBMIT IN TRIPlicate
(Other instruct
verse side)

Expires August 31, 1985

6. LEASE DESIGNATION AND SERIAL NO.

Lc-030187

7. 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

330' FNL & 990' FWL

14. PERMIT NO.

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

3288.7 DF

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

La Munyon federal

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

Langlie Mattix

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

Sec 22, T23S, R37E

12. COUNTY OR PARISH 13. STATE

Lea

NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETE

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON*

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

CHANGE PLANE

(Other) TA

(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.)*

POH with tubing and rods. TIH with CIBP and set at 3520'. Circulated hole with

8.6# packer fluid. Test casing to 500 psi. TIH with rods and 2 3/8" tubing.

Well TA'd. Worked was performed 8/11/83.

APPROVED FOR 12 MONTH PERIOD
ENDING 9/22/86

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

SIGNED

M. W. Casey

TITLE Division Proration Engineer

DATE 5/29/86

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

9-2356

*See Instructions on Reverse Side

RECEIVED
SEP 29 1986
FBI
HONOLULU OFFICE