

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

**SUNDRY NOTICES AND REPORTS ON WELLS**

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals

**SUBMIT IN TRIPLICATE**

1. Type of Well <input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <u>SWDW</u>	5. Lease Designation and Serial No. <u>LC 030187</u>
2. Name of Operator <u>Chevron U.S.A. Inc.</u>	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. <u>P.O. Box 1150, Midland, TX 79702</u>	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) <u>660' FSL and 2180' FEL</u> <u>Unit O, Sec. 22, T-23-S, R-37-E</u> <u>NMPM, Lea County, New Mexico</u>	8. Well Name and No. <u>C.E. LaMunyon Fed. #1</u>
	9. API Well No. <u>30-025-10054 22471</u>
	10. Field and Pool, or Exploratory Area <u>Tongue Blinberry SA</u>
	11. County or Parish, State <u>Lea County, New Mexico</u>

**CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA**

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other <u>Acidize</u>
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)\*

4/15/91 Acidized well with 1000 gals. 15% HCL acid. pumped down tubing and flushed with 75 bbls of 8.6# water. Maximum pressure during job was 125 psi. broke to a vacuum. Job finished same day.

Pressures and rates after workover: Injection pressure - Vacuum  
Injection rate - 720 bbls/day

RECEIVED FOR RECORD  
MAY 18 1991  
BUREAU OF LAND MANAGEMENT  
NEW MEXICO

RECEIVED  
MAY 1 10 25 AM '91  
BUREAU OF LAND MANAGEMENT  
NEW MEXICO

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

Signed D.M. Bohon Title Technical Assistant

Date 4/29/91

(This space for Federal or State office use)

Approved by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
Conditions of approval, if any: \_\_\_\_\_