Form 3160-5 (June 1990)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

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

	EAND MANAGEMENT	5. Lease Designation and Serial No.
SIMPRY NOTICE	AND DEPORTS ON WELLS	LC-057420-/1/4 27/25
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		6. If Indian. Allottee or Tribe Name
SUBMI	T IN TRIPLICATE	7. If Unit or CA, Agreement Designation
I. Type of Well		4
Oil Gas Other		8. Well Name and No.
2. Name of Operator		M.K. Stewart Fax. #3
Chevron U.S.A. Inc. 3 Address and Telephone No. P.O. Box 1150, Midland, TX 79702		9. API Well No.
		30-025-22489 10. Field and Pool, or Exploratory Area
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)		Teague Blinebry
660' FSL and 1980' FEL Unit O, Sec. 28, T-23-S, R-37-E		11. County or Parish, State
NMPM, Lea County, New Mexico		Lea County, New Mexico
	(a) TO INDICATE MATURE OF MOTION PERCENT	
TYPE OF SUBMISSION	(s) TO INDICATE NATURE OF NOTICE, REPOR	RT, OR OTHER DATA
	TYPE OF ACTION	
L_J Notice of Intent	Abandonment	Change of Plans
X Subsequent Report	Recompletion	New Construction
	Plugging Back Casing Repair	Non-Routine Fracturing Water Shut-Off
Final Abandonment Notice	Altering Casing	Conversion to Injection
	Other Acidize	_ Dispose Water
Describe Proposed or Completed Operations (Clearly state	all pertinent details, and give pertinent dates, including estimated date of starting	(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log (orm.)
4/1/91 Acidize well with 10	all pertinent details, and give pertinent dates, including estimated date of starting ical depths for all markers and zones perinent to this work.)* OO gals. of 15% NEFE HCL acid pumped details. Max. pressure during job - 0 ps	(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log (orm.) any proposed work. If well is directionally drilled own backside, flush
4/1/91 Acidize well with 10 with 75 bbls 8.6 # w	all pertinent details, and give pertinent dates, including estimated date of starting ical depths for all markers and zones perinent to this work.)* OO gals. of 15% NEFE HCL acid pumped details. Max. pressure during job - 0 ps	(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) any proposed work. If well is directionally drilled own backside, flush
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4/1/91 Acidize well with 10 with 75 bbls 8.6 # w Job complete same da	Technical Assistant	(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (any proposed work. If well is directionally drilled own backside, flush i on vacuum. ARD ARD ARD ARD ARD ARD ARD AR
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4/1/91 Acidize well with 10 with 75 bbls 8.6 # w Job complete same da 4. I hereby ceptify that the foregoing is true and correct Signed D.M. Bohon	Technical Assistant	(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) any proposed work. If well is directionally drilled own backside, flush i on vacuum. ARCA TINE ARCA TINE