

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL. ATE*
(Other instructions on re-
verse 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"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Chevron U.S.A. Inc.	8. FARM OR LEASE NAME M.K. Stewart
3. ADDRESS OF OPERATOR P.O. Box 670, Hobbs, New Mexico 88240	9. WELL NO. 3
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FSL & 1980' FEL, Unit 0	10. FIELD AND POOL, OR WILDCAT Teague Blinebry
14. PERMIT NO.	11. SEC., TWP., R., OR BLK. AND SURVEY OR AREA Sec 28, T23S, R37E
15. ELEVATIONS (Show whether DF, ST, CR, etc.) 3320' GL	12. COUNTY OR PARISH Lea
	13. STATE NM

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Recondition Blinebry, add perfs <input checked="" type="checkbox"/>	(Other) Stimulate, RTP <input checked="" type="checkbox"/>
(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.)

MIRU PU, TOH W/2 3/8" PROD TBG TIH W/ 4 3/4" BIT & CSG SCRAPER ON 2 7/8" WS, CO FILL 5800 TO 6242 CIRC CLEAN TOH RU LOGGING EQUIP & RAN GR/CNL/CCL 6242 TO 5200, MIRU WL CO. PERF BLINEBRY W/4" SELECT FIRE GUN W/1JHPF ODEG PHASING TTL 32 HOLES 5369, 74, 87, 94, 5402, 20, 36, 43, 52, 60, 65, 70, 75, 80, 88, 93, 5572, 5603, 30, 43, 55, 93, 5700, 34, 5876, 82, 98, 5902, 07, 16, 20, & 5951, TIH W/ PKR & 2 7/8" WS TSTG TO 8000 PSI TO 5828, ACDZ BLINEBRY (5876-5951) W/3000 GAL 15% NEFE HCL 2 1/2-4 BPM BALLED OUT TO 4800 PSI COMM W/57 1/2 BBLS ACID PUMP ISIP-700 15 MIN-0 4 1/2 HR SWB TST REC'D 78 BW SFL-700 EFL-3600, SWB LOWER BLINEBRY SFL-3400 EFL-4500 REC 2 BO 21 BW RIH SET RBP @ 5756, ACDZ PERFS 5572-5734 W/3000 GAL 15% ACID @ 3.4 TO 4 BPM, ACDZ UPPER BLINEBRY W/4000 GAL 15% ACID @ 6.7 BPM @ 2300 PSI, NO BALL ACTION, POOH W/RBP RIH W/PROD TBG TSTG TO 3000 PSI, TIH W/PUMP & RODS CHECK PUMP ACTION TO 500 PSI OK, TURN WELL OVER TO PRODUCTION.

WORK STARTED 5-21-90 WORK ENDED 5-29-90

RECEIVED
MAY 31 11 16 AM '90
CARRIE
AREA IN CHARGE

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

SIGNED M. E. Abim 5/30/90

TITLE Staff Drlg. Engr.

DATE 5-30-90

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side