

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(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 M.K. Stewart
2. NAME OF OPERATOR Chevron U.S.A. Inc.	8. FARM OR LEASE NAME
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 Unit 0, 660' FSL and 1980' FEL	10. FIELD AND POOL, OR WILDCAT Teague Blinebry
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 28, T23S, R37E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3309.5' GR	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	PULL OR ALTER CASING
FRACTURE TREAT	MULTIPLE COMPLETE
SHOOT OR ACIDIZE	ABANDON*
REPAIR WELL	CHANGE PLANS
(Other) Perf, Acdz, Frac Add'l Blinebry	

WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREATMENT	ALTERING CASING
SHOOTING OR ACIDIZING	ABANDONMENT*
(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.)*

IT IS PROPOSED TO PERF & ACDZ ADD'L PAY IN LOWER BLINEBRY (5800-6000), FRAC IF NEEDED, ACDZ UPPER BLINEBRY PERFS, RETURN TO PRODUCTION.

RECEIVED
MAY 8 10 32 AM '90
C/O
ANL

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

SIGNED TM Bealus TITLE Drig. Engr.

DATE 5-7-90

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

DATE 5-17-90

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

RECEIVED

MAY 24 1990

SCD
HOBBS OFFICE