

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  
☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator  
Chevron U.S.A. Inc.

3. Address and Telephone No.  
P.O. Box 1150, Midland, Texas 79702

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
1980' FNL and 1780' FWL  
Unit F, Sec. 22, T-23-S, R-37-E  
NMPM, Lea County, New Mexico

5. Lease Designation and Serial No.  
LC-230187

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

C.E. LaMunyon ~~Field~~ #35

9. API Well No.

30-025-22534

10. Field and Pool, or Exploratory Area

Teague Blinebry

11. County or Parish, State

Lea County, New Mexico

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

TYPE OF SUBMISSION

- ☐ Notice of Intent  
☒ Subsequent Report  
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment  
☐ Recompletion  
☐ Plugging Back  
☐ Casing Repair  
☐ Altering Casing  
☒ Other Acidize

- ☐ Change of Plans  
☐ New Construction  
☐ Non-Routine Fracturing  
☐ Water Shut-Off  
☐ Conversion to Injection  
☐ 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.)\*

4/19/91 Acidize well with 1000 gals 15% NEFE HCL acid pumped down backside and flushed with 100 bbls 8.6# water. Max pressure during job was 0 psi on vacuum.

RECEIVED  
MAY 1 10 24 AM '91  
CARTER  
AREA

APPROVED FOR RELEASE

Adm

MAY 13 1991

CARTER, 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:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

\*See instruction on Reverse Side