

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

5. Lease Designation and Serial No.

LC-057420 NM 27225

6. If Indian, Allottee or Tribe Name

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, TX 79702

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1980' FSL and 1980' FEL
Unit J, Sec. 28, T-23-S, R-37-E
NMPM, Lea County, New Mexico

7. If Unit or CA, Agreement Designation

8. Well Name and No.

M.K. Stewart, Unit #5

9. API Well No.

30-025-22592

10. Field and Pool, or Exploratory Area

Teague Blinberry

11. County or Parish, State

Lea County, NM

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.)*

04/01/91 Acidize well with 1000 gals. 15% NEFE HCL acid pumped down backside at 3 BPM. Job complete same day. (Max Pressure during job 0 psi on vacuum.)

RECEIVED
MAY 1 10 25 AM '91
CARLETON
AREA HEADQUARTERS

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

Signed D.M. Bohon

Title Technical Assistant

Date 04/29/91

(This space for Federal or State office use)

Approved by _____
Conditions of approval, if any:

Title _____

Date _____