

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU LAND MANAGEMENT
P. O. BOX 181
POWERS, NEW MEXICO

SUBMIT IN TRIPPLICATE
(Other instructions on reverse side)

Expires August 31, 1985

LEASE DESIGNATION AND SERIAL NO.

LC 030187

88240 INDIAN, ALLOTTEE OR TRIBE NAME

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 ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Chevron U.S.A. Inc.

3. ADDRESS OF OPERATOR

P. O. Box 670, Hobbs, NM 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

860' FSL & 660' FWL

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

C. E. La Munyon

9. WELL NO.

41

10. FIELD AND POOL, OR WILDCAT

Imperial Tubb Drinkard

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec 21, T23S, R37E

12. COUNTY OR PARISH 13. STATE

Lea

NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other) Test downhole equipment

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANE

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.)

Propose to pressure up on casing to 500 psi to test casing and CIBP integrity.

Well will remain TA'd pending evaluation for enhanced recovery potential.

APPROVED FOR 12 MONTH PERIOD
ENDING 6/4/87

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

SIGNED

M. W. Casey

TITLE

Div. Proration Engineer

DATE 5/29/86

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side