

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT 1. 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 ☒ GAS WELL ☐ OTHER ☐	5. LEASE DESIGNATION AND SERIAL NO. LC 032511-6
2. NAME OF OPERATOR Chevron U.S.A. Inc.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 670, Hobbs, New Mexico 88240	7. UNIT AGREEMENT NAME Stuart Langlie Mattix Unit
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Unit C 660' FNL and 1650' FWL	8. FARM OR LEASE NAME
14. PERMIT NO.	9. WELL NO. 109
15. ELEVATIONS (Show whether OF, RT, CR, etc.) 3139' DF	10. FIELD AND POOL, OR WILDCAT Langlie Mattix SR-QW-63
	11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA Sec. 11, 25S, 37E
	12. COUNTY OR PARISH Lea
	13. STATE NM

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) Repair Casing Leak & Stim Queen ☒ X

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON ☐

CHANGE PLANS ☐

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.)

REPAIR CASING LEAK @ 750', STIMULATE QUEEN @ INTERVAL 3328-3447.

RECEIVED

ACCEPTED FOR RECORD

Adrian

FEB 5 1990

CARLSBAD, NEW MEXICO

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

SIGNED *M. E. Akers* 1/29/90 TITLE Staff Drlg. Engr.

DATE 1-29-90

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE