

BUREAU OF LAND MANAGEMENT

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.)

IF INDIAN, ALLOTTEE OR TRIBE NAME

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Injector		7. UNIT AGREEMENT NAME Eunice Monument South Unit
2. NAME OF OPERATOR Chevron U.S.A. Inc.		8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR P.O. Box 670 Hobbs, NM 88240		9. WELL NO. 378
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  Unit <u>F, 2310 FNL &amp; 2310 FNL</u>		10. FIELD AND POOL, OR WILDCAT Eunice Monument G/SA
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec <u>17</u> T21S R36E
14. PERMIT NO.	15. ELEVATIONS (Show whether OP, ST, CR, etc.)	12. COUNTY OR PARISH Lea
		13. STATE NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) Deepen and convert to injection <input checked="" type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	

(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.)\*

Clean out to TD @ 3992. Deepen well from 3992' to 4098'. Log well. Add additional Grayburg perforations as logs indicate. Acidize as necessary. Equip for injection. Test casing, packer, and tubing to 500 psi for 30 minutes. Return to production as an injector.

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

SIGNED [Signature] TITLE Division Drilling Manager DATE 9-15-86

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

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.