

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

5. Lease Designation and Serial No.

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation
Eunice Monument South
Unit-B

8. Well Name and No.
851

9. API Well No.
30-025-04221

10. Field and Pool, or Exploratory Area
Eunice Monument GB/SA

11. County or Parish, State
Lea County, New Mexico

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, TX. 79702

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Unit C, 330' FNL & 2310' FWL,
Sec. 11, T- 20S, R- 36E

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

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other <u>Inspection of surface piping and cellar.</u>
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> 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.)*

7/24/91: Inspection performed by O.C.D. Rep. R.A. Sadler on wells surface piping and cellar. Equipment O.K.

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

Signed B M Smith Title Tech. Assistant Date 7/30/91

(This space for Federal or State office use)

Approved by R A Sadler Title OIL & GAS INSPECTOR Date AUG 02 1991

Conditions of approval, if any:

RECEIVED
JUL 31 1991
FOLIO 100