

UNI STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB NO. 1004-0135
Expires: November 30, 2000

SUNDRY NOTICES AND REPORTS ON WELLS
Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.

SUBMIT IN TRIPLICATE - Other instructions on reverse side

1. Type of Well <input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other INJECTOR		5. Lease Serial No. LC-0031622-A
2. Name of Operator Chevron U.S.A. Inc.		6. If Indian, Allottee or Tribe Name N/A
3a. Address P.O. Box 1150 Midland, TX 79702	3b. Phone No. (include area code) (915)687-7148	7. If Unit or CA/Agreement, Name and/or No. EUNICE MONUMENT SOUTH UNIT B
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1650' FNL & 1650' FEL UNIT G SEC. 14, T20S, R36E		8. Well Name and No. 877
		9. API Well No. 30-025-04267
		10. Field and Pool, or Exploratory Area EUNICE MONUMENT; GRAYBURG-SAN ANDRES
		11. County or Parish, State LEA, NM

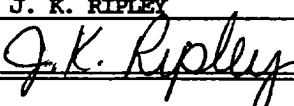
12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other PERFD, SQZD
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplate horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the final site is ready for final inspection.)

POH W/TBG & PKR. DO SCALE & LINER TO 3976'. CIRC CLEAN. PERFD 3734'-3772' W/4 JHPF. FRACD W/2000 GALS FOAM & 2500 GALS 15% HCL. SWABBED. ISOLATED CSG LEAK. SHOT 4 SQZ HOLES @ 1600'. PFD 500 SX CMT; CMT TO SURF W/435 SX PFD. SQZ PRESS 800#. TAGGED CMT @ 1483'; DO CMT TO 1602'; CIRC CLEAN. TSTD SQZ AND CSG F/SURF TO 3418' TO 420#. RAN MIT. RETURNED WELL TO INJECTION.

WORK PERFORMED 3/24/99 - 4/13/99

14. I hereby certify that the foregoing is true and correct Name (Printed/Typed) J. K. RIPLEY	Title REGULATORY O.A.
	Date 8/16/00

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by	Title ORIGINAL OFFICER	Date
Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.	Office	

JCS

