

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

P.O. BOX 1980
DOBBS, NEW MEXICO 88240

FORM APPROVED

Budget Bureau No. 1004-0135

Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or deepen or reentry to a different reservoir.

Use "APPLICATION FOR PERMIT-" for such proposals

SUBMIT IN TRIPLICATE

1. Type of well
 Oil Gas Other **INJECTOR**

2. Name of Operator
CHEVRON U.S.A. INC. WENDI KINGSTON 915-687-7826

3. Address and Telephone No.
**P. O. BOX 1150
MIDLAND, TX 79702**

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
**1650' FNL & 1650' FEL
UNIT G
SEC 14, T20S,36E**

5. Lease Designation and Serial No. **R
E-230 LE 031622-A**

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.
Eunice Monument South Unit B#877

9. API Well No.
30-025-04267

10. Field and Pool, or Exploratory Area
EUNICE MONUMENT

11. County or Parish, State
LEA COUNTY, NEW MEXICO

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

12	TYPE OF SUBMISSION	TYPE OF ACTION
<input checked="" type="checkbox"/>	Notice of Intent	<input type="checkbox"/> Abandonment
<input 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 CLEAN OUT/STIM
		<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 estimate 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.)

WE PROPOSE TO: RU SLICKLINE UNIT. TAG FILL AT TD. IF FILL IS ABOVE TD, THEN CLEAN OUT WITH COILED TBG. ACDZ W/3500 GALS 15% NEFEA/UNISOL TURN WELL OVER TO PRODUCTION.

RECEIVED
 OCT 13 11 08 AM '94
 CARLE AREA OFFICE

14. I hereby certify that the foregoing is a true and correct
 Signed *Wendi Kingston* Title **TECHNICAL ASSISTANT** Date **10/11/94**

(This space for Federal or State office use)
 Approved by *OPIC SADD JRE C LARA* Title **PETROLEUM ENGINEER** Date *11/10/94*

Conditions of approval, if any: