

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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 to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

5. Lease Designation and Serial No.

NM-1151

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

Eunice Monument
South Unit

8. Well Name and No.

886

9. API Well No.

30-025-04275

10. Field and Pool, or Exploratory Area

Eunice Monument GB/SA

11. County or Parish, State

Lea County, New Mexico

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, Texas 79702

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

2310' FSL & 990' FWL, Sec. 14, Unit L, T-20-S, R-36-E

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.)*

6/10/91 Inspection of cellar and surface piping by O.C.D. Rep. Eddie Seay, Equipment O.K.

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

Signed D.M. Bohon D.M. Bohon

Title Technical Assistant

Date 6/11/91

(This space for Federal or State office use)

Approved by _____

Title _____

Date _____

Conditions of approval, if any: _____