

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.
LC-046164-A

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE

1. Type of Well
 Oil Well Gas Well Other *Injection Well*

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)
*1980' FSL and 1980' FWL Unit letter K.
Sec. 23, T-20-S, R-36-E*

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

8. Well Name and No.
916

9. API Well No.
30-025-04289

10. Field and Pool, or Exploratory Area

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

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

TYPE OF SUBMISSION

- Notice of Intent
 Subsequent Report
 Final Abandonment Notice

TYPE OF ACTION

- Abandonment
 Recompletion
 Plugging Back
 Casing Repair
 Altering Casing
 Other _____
- Change of Plans
 New Construction
 Non-Routine Fracturing
 Water Shut-Off
 Conversion to Injection
 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.)*

Initial report of injection rates and pressures.

4/4/91 Injection rate after 24 hours of injection was 500 bbls/day water, and injection pressure was 0 psi. Well is on a vacuum.

RECEIVED
 APR 11 10 35 AM '91
 CARE OF AREA MANAGERS

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

Signed *D.M. Bohon* D.M. Bohon Title Technical Assistant

Date 4/10/91

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____
 Conditions of approval, if any: