

N.M. OIL CONS. COMMISSION
P.O. BOX 1980
HOBBS, NEW MEXICO 88240
 UNITED STATES DEPARTMENT OF THE INTERIOR
 BUREAU OF LAND MANAGEMENT

RESWELL DISTRICT COPY
 FORM APPROVED

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

5. Lease Designation and Serial No.
 LC-030143-B

6. If Indian, Allottee or Tribe Name
 N/A

7. If Unit or CA, Agreement Designation
 EMSUB

8. Well Name and No.
 EMSU-B #918

9. API Well No.
 30-025-04302

10. Field and Pool, or Exploratory Area
 EUNICE MONUMENT

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

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 **WATER INJECTION**

2. Name of Operator
CHEVRON U.S.A. INC.

3. Address and Telephone No. **(915) 687-7436**

P.O. BOX 1150 MIDLAND, TEXAS 79702 ATTN: NITA RICE

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
SECTION 23, T-20-S, R-36-E
660' FSL & 660' FWL
UNIT M

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

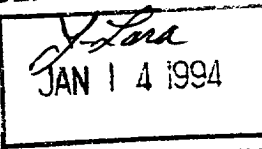
12 TYPE OF SUBMISSION	
<input type="checkbox"/>	Notice of Intent
<input type="checkbox"/>	Subsequent Report
<input type="checkbox"/>	Final Abandonment Notice

TYPE OF ACTION			
<input type="checkbox"/>	Abandonment	<input type="checkbox"/>	Change of Plans
<input type="checkbox"/>	Recompletion	<input type="checkbox"/>	New Construction
<input type="checkbox"/>	Plugging Back	<input type="checkbox"/>	Non-Routine Fracturing
<input type="checkbox"/>	Casing Repair	<input type="checkbox"/>	Water Shut-Off
<input type="checkbox"/>	Altering Casing	<input checked="" type="checkbox"/>	Conversion to Injection
<input type="checkbox"/>	Other	<input type="checkbox"/>	Dispose Water

(Note: Report results of multiple completions on Well Completion or Reservoir 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.)

WORK PERFORMED 11-23 THRU 11-24-93
POH W/RODS & TUBING. RIH & SET INJECTION PACKER @ 3820' ON 2-3/8
PLASTIC LINED TUBING, TEST CASING CIRCULATE PACKER FLUID & BEGIN INJECTION.
INJECTION INTERVAL THRU PERFS 3870-3920 AND OPEN HOLE 3959-4200' OPEN HOLE.

ACCEPTED FOR RECORD

 JAN 14 1994
 CARLSBAD, NEW MEXICO

RECEIVED
 DEC 13 8 27 AM '93
 OIL
 APT

Need chart

14. I hereby certify that the foregoing is true and correct
 Signed Nita Rice **NITA RICE** Title **TECHNICAL ASSISTANT** Date **12/2/93**
(This space for Federal or State office use)
 Approved by _____ Title _____ Date _____
 Conditions of approval, if any: _____

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.