

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

SUBMIT IN TRIPLICATE

1. Type of well
 Oil Gas Other

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

3. Address and Telephone No. (915) 687-7812
 P.O. BOX 1150 MIDLAND, TEXAS 79702 ATTN: P.R. MATTHEWS, ROOM 4115-A

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
 SEC. 24, T20S, R36E
 1980' FNL & 1980' FWL
 UNIT F

5. Lease Designation and Serial No.
 NM-62666

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

7. If Unit or CA, Agreement Designation
 EMSUB

8. Well Name and No.
 Enice monument to Unit B
 EMSUB #908

9. API Well No.
 30-025-04316

10. Field and Pool, or Exploratory Area
 ENICE MONUMENT

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

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

12 TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<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 type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other DPN, LOG & STIM.	<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.)*

MIRU, POOH WITH PRODUCTION EQUIP.
 TEST CASING F/3663-3673, TO 300#-LEAKED OFF IN 7 MINS. TESTED PERFS 3654-3659 LEAKED OFF.
 TESTED 3642-3631, NO BLEED OFF. TESTED 3554-3615, LEAKED OFF.
 TESTED 3544-SURFACE TO 300#-OK, NO OVER NIGHT FLUID ENTRY WAS DETECTED IN WELL.
 UNDERREAMED WITH PDC CUTTER FROM 3754-4019.
 ACIDIZE FROM 3745-4019 WITH 1500 GALS OF 15% NEFE. SWAB BACK ACID.
 TIH WITH 2.875" PRODUCTION TUBING TO 3988'.
 RIG DOWN AND MOVE OUT, RETURN TO PRODUCTION ON 6-3-92.

Adm

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

Signed P.R. Matthews Title TECHNICAL ASSISTANT Date 6/8/92

(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 wilfully 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.