

DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL  GAS WELL  OTHER  Injector

2. NAME OF OPERATOR  
Chevron U.S.A. Inc.

3. ADDRESS OF OPERATOR  
P. O. Box 670, Hobbs, NM 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\* See also space 17 below.)  
At surface  
1980 FNL and 1980 FEL

14. PERMIT NO. \_\_\_\_\_ 15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
3535'

5. LEASE DESIGNATION AND SERIAL NO.  
LC031736A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME  
Eunice Monument South Unit

8. FARM OR LEASE NAME

9. WELL NO.  
108

10. FIELD AND POOL, OR WILDCAT  
Eunice Monument G/SA

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 25, T20S, R36E

12. COUNTY OR PARISH  
Lea

13. STATE  
NM

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input checked="" type="checkbox"/> Dpn, log, perf, stim conv to injector	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. 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.)\*

5-22-87 MIRU PU. ND Pmp tee, POH LD rods and prod pmp blow casing dn PU Western trt pkr and TIH 60', set pkr, chg out WH, replace w/ 6" 900 3000# Gray WH, NU BOP and tst WH to 600#, OK, POH LD 2 3/8 prod tbg, PU bit, FS, DC's and X-0 sub, BHA, 2 7/8" WS swifn. 5-23, PU WS tag at 3829, RU air mist unit, est circ. Wash fill f/ 3829-3835. Drlg. new form f/ 3835 to 3910, 75' circ hole clean, RD Swivel, PUH to 3700, wait 1 hour, ck f/fill, PUH to 3600 swifn. 5-24, TIH, tag at 3910, pmp 60bbls 8.6 CKF, POH w/ WS and LD BHA, RU Dresser Atlas; run GR/CNL/CCL w/ caliper f/TD to 2900 w/ 2 repeats f/ TD to 3708, LD scraper, PU western tst pkr, TIH, set at 3695'. load backside, press tst ann. at 600# f/30 min. OK. Rlse pkr, POH LD WS, PU 7" Baker TSN INJ pkr and 120 jts 2 3/8 tbg w/ pkr at 3678, RU KT pmp 20bbls pkr fluid, set pkr at 3678, ND BOP, fin load ann w/pkr fluid, NU tbg bonnet pkr set w/6000# comp press to 620#, tst 30 min, OK RDMOPU,

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

SIGNED [Signature]

Clean location, Notified R.A.Sadler OCD csg int. tst 5-24-87  
TITLE Staff Drlg. Engr. DATE June 15, 1987

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_ DATE \_\_\_\_\_

\*See Instructions on Reverse Side

**RECEIVED**

**JUN 16 1987**

**OCD  
HOBBS OFFICE**