

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP DATE\*  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

LC031740B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		7. PERMIT AGREEMENT NAME	
2. NAME OF OPERATOR Chevron U.S.A. Inc.		Eunice Monument South Unit	
3. ADDRESS OF OPERATOR P.O. Box 670, Hobbs, New Mexico 88240		8. FARM OR LEASE NAME ERS	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 3261 FNL and 1980 FWL 4620 S		9. WELL NO. 210	
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT Eunice Monument G/SA	
15. ELEVATIONS (Show whether DP, RT, GR, etc.) 3557'		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 4, T21S, R36E	
		12. COUNTY OR PARISH Lea	
		13. STATE NM	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) _____	
(Other) run liner, perf, rtn to prod. <input checked="" type="checkbox"/>		(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 types pertinent to this work.)\*

It is proposed to log and run a 4" liner in this well to isolate the lower Grayburg water zones and perforate additional pay in this well. (The proposed procedure is as follows: POOH w/production tubing, TIH with 4 3/4" bit, drill out CIBP at 3730', push same to PBSD at 3815. Pump 50bbls 8.6# CKF, POOH, Run CNL/CCL/GR caliper from TD-3000' w/ 2 repeats from TD - 3400'. Logs will be evaluated for perfs at this time. RU & run 4" liner as follows: float shoe, 1 joint, landing collar, +- 350' liner, setting sleeve w/ running tool on 2 7/8 N80 WS, Set liner on bottom, circulate 1 1/2 times tubing and liner capacity. Cement liner w/ +- 50sx Class C w/additives, Drop tubing wiper plug and displace w/ FW, engage liner and wiper plug and bump plugs in landing collar. Sting out of setting sleeve, POOH, WOC +-24-hours. Completion procedure to follow based on log results.)  
Liner will be set approx. from 3300' to 3815'. The perfered interval will be from approx. 3600' to 3800'.

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

SIGNED M. E. Abbin TITLE STAFF DRILLING ENGR. DATE SEPT. 2, 1987

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE 9-30-87

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

RECEIVED  
SEP 18 11 05 AM '87  
CARL SEABERG  
AREA MANAGER

RECEIVED  
SEP 18 11 05 AM '87

RECEIVED  
SEP 18 10 55 AM '87

RECEIVED  
OCT 5 1987  
OCD  
HOBBS OFFICE