

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
PERMIT NEW MEXICO 88240

SUBMIT IN TRIPL
(Other instructions
reverse side)

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

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		3. LEASE DESIGNATION AND SERIAL NO. LC032099B
2. NAME OF OPERATOR Chevron U.S.A. Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 670, Hobbs, New Mexico 88240		7. UNIT AGREEMENT NAME Eunice Monument South Ut
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Unit D 330 FNL and 330 FWL		8. FARM OR LEASE NAME
14. PERMIT NO.	15. ELEVATIONS (Show whether OF, BT, GR, etc.) 3575	9. WELL NO. 352
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		10. FIELD AND POOL, OR WILDCAT Eunice Monument G/SA
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 13, T21S, R36E
		12. COUNTY OR PARISH 13. STATE Lea NM

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PCLL OR ALTER CASING	<input type="checkbox"/>
FRACURE 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)			

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input checked="" type="checkbox"/>
(Other) <u>dpr, log,</u>			

(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.)

Cleaned out from 3855 - 3885. Drill f/3885 to 3930' (NEW TD). Circulate, spot 50bbbls CKF, Ran CNL-CCL-GR, RIH w/ 2 3/8" tng set at 3917. RIH w/ production equip, load tubing to 500psi, ok. Turn well over to production. Work performed 8-19-87 through 8-23-87.

ACCEPTED FOR...

SJS
SEP 25 1987

SEP 4 11 23 AM '87
CARRIZO OIL FIELD
ARRESTED OPERATIONS

RECEIVED

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

SIGNED [Signature] TITLE Staff Drilling Engr. DATE Sept. 3, 1987

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

RECEIVED
OCT 1 1987
OCD
HOBB'S OFFICE

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT TRIPPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R142

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. TYPE OF WORK

DRILL

DEEPEN

PLUG BACK

b. TYPE OF WELL

OIL WELL

GAS WELL

OTHER

SINGLE ZONE

MULTIPLE ZONE

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.)*
At surface Unit D 330 FNL & 330 FWL

At proposed prod. zone

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE*

10. DISTANCE FROM PROPOSED* LOCATION TO NEAREST PROPERTY OR LEASE LINE, FT. (Also to nearest dric. unit line, if any)

330'

16. NO. OF ACRES IN LEASE

720

17. NO. OF ACRES ASSIGNED TO THIS WELL

40

18. DISTANCE FROM PROPOSED LOCATION* TO NEAREST WELL, DRILLING, COMPLETED, OR APPLIED FOR, ON THIS LEASE, FT.

19. PROPOSED DEPTH
3930

20. ROTARY OR CABLE TOOLS
--

21. ELEVATIONS (Show whether DF, RT, GR, etc.)

3575

12. COUNTY OR PARISH
Lea

13. STATE
NM

22. APPROX. DATE WORK WILL START*

ASAP

PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
No New Casing				

It is proposed to deepen subject wellbore from current TD of 3885' to a new TD of 3930'. Log well evaluate for perfs, acdz, and place on production.

Ref: ACA report F86-139 Dated December 5, 1985

RECEIVED
 JUL 1 11 07 AM '87
 CARLSBAD RESOURCE
 AREA HEADQUARTERS

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: If proposal is to deepen or plug back, give data on present productive zone and proposed new productive zone. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout preventer program, if any.

SIGNED M. E. Abbin

TITLE Staff Drilling Engineer

DATE June 29, 1987

(This space for Federal or State office use)

PERMIT NO. _____

APPROVAL DATE _____

APPROVED BY Richard A. Mann

TITLE _____

DATE 7-7-87

CONDITIONS OF APPROVAL, IF ANY: _____

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate
(Other instruction
verse side)

Expires August 31, 1985

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.)

5. LEASE DESIGNATION AND SERIAL NO.

LC 1320-41-D

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Eunice Monument
South Unit

8. FARM OR LEASE NAME

9. WELL NO.

352

10. FIELD AND POOL, OR WILDCAT

Eunice Monument

11. SEC., T., R., M., OR B.L. AND SURVEY OR AREA

Sec 13-21S-36E

12. COUNTY OR PARISH 13. STATE

Lea NM

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
Gulf Oil Corp. *Chesron*

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
330' FNL + 330' FWL

14. PERMIT NO. 15. ELEVATIONS (Show whether DT, RT, OR, etc.)

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF
FRACTURE TREAT
SHOOT OR ACIDIZE
REPAIR WELL
(Other)

PULL OR ALTER CASING
MULTIPLE COMPLETE
ABANDON*
CHANGE PLANS

WATER SHUT-OFF
FRACTURE TREATMENT
SHOOTING OR ACIDIZING
(Other) Change Operator & Lease Name

REPAIRING WELL
ALTERING CASING
ABANDONMENT*

(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.)

Former Operator: *Conoco, Inc*

Former Lease Name & Well No: *Lockhart B-13 #17*

Status of Well: Active TA

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

SIGNED *R. D. Pite*

TITLE Area Engineer

DATE 3-11-85

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

DATE _____

*See Instructions on Reverse Side