

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL
(Other instructions on re-
verse 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.)

5. LEASE DESIGNATION AND SERIAL NO.

LC-032099-B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Eunice Monument South Unit

8. FARM OR LEASE NAME

Eunice Monument South Unit

9. WELL NO.

396

10. FIELD AND POOL, OR WILDCAT

Eunice Monument G-SA

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 14-T215-R36E

12. COUNTY OR PARISH 13. STATE

Lea

NM

1. OIL WELL GAS WELL OTHER *Wife*

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

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

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

Unit L, 1980' from the South & 660' from the West.

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, 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 of ownership*
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.)*

*Change in ownership from Conoco
Lockhart B-5 to Chevron's EMSU # 396.*

ACCEPTED FOR RECORD

FEB 27 1987

In
CARLSBAD, NEW MEXICO



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

SIGNED *L. M. ...*

TITLE NM Area Supt.

DATE 2/24/87

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side

RECEIVED
MAR 2 1967
DOD
HONAS OFFICE