

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate
(Other instructions on
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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>Injector</u>		5. LEASE DESIGNATION AND SERIAL NO. <u>LC-031736-A</u>
2. NAME OF OPERATOR <u>Chevron U.S.A. Inc.</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <u>P.O. Box 670, Hobbs, New Mexico 88240</u>		7. UNIT AGREEMENT NAME <u>Eunice Monument South Unit</u>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) <u>At surface</u> <u>1980 FNL and 1980 FEL</u>		8. FARM OR LEASE NAME
14. PERMIT NO.		9. WELL NO. <u>108</u>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>3535'</u>		10. FIELD AND POOL, OR WILDCAT <u>Eunice Monument G/SA</u>
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 25, Twp 20S, Rnge 36E</u>
		12. COUNTY OR PARISH <u>Lea</u>
		13. STATE <u>NM</u>

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 COMPLETION <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) <input type="checkbox"/>	

(Other) Deepen, 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.)*

It is proposed to deepen the subject well from 3850' to 3910', log, perf at recommended intervals, acidize and equip for injection. Test casing, packer, and tubing to 600psi for 30 minutes. Return to production as injector.



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

SIGNED M. E. Adam

TITLE Drlg. Staff Engineer

DATE 5-5-87

(This space for Federal or State office use)

APPROVED BY Sept Adam

TITLE MANAGER

DATE 5-12-87

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

RECEIVED
MAY 18 1987
OCC
HOURS OFFICE