

N.M. OIL CONSERVATION COMMISSION
UNITED STATES P.O. BOX 1980
DEPARTMENT OF THE INTERIOR MOBBS, NEW MEXICO
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135

Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or deepen or reentry to a different reservoir. Use "APPLICATION FOR PERMIT-" for such proposals

SUBMIT IN TRIPLICATE

1. Type of well
 Oil Gas Other

2. Name of Operator
CHEVRON U.S.A. INC.

3. Address and Telephone No.
915-687-7436
P.O. BOX 1150 MIDLAND, TEXAS 79702 ATTN: NITA RICE

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
1980' FSL & 1980' FWL
SECTION 9, T-21-S, R-36-E

5. Lease Designation and Serial No.
LC 031740B

6. If Indian, Allottee or Tribe Name
 N/A

7. If Unit or CA, Agreement Designation
 N/A

8. Well Name and No.
EUNICE MONUMENT S.UNIT #321

9. API Well No.
30-025-04570

10. Field and Pool, or Exploratory Area
EUNICE MONUMENT

11. County or Parish, State
LEA COUNTY
NEW MEXICO

CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

12	TYPE OF SUBMISSION	TYPE OF ACTION
	<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
	<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
	<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
		<input type="checkbox"/> Casing Repair
		<input type="checkbox"/> Altering Casing
		<input type="checkbox"/> Other
		<input type="checkbox"/> Change of Plans
		<input type="checkbox"/> New Construction
		<input type="checkbox"/> Non-Routine Fracturing
		<input type="checkbox"/> Water Shut-Off
		<input type="checkbox"/> Conversion to Injection
		<input type="checkbox"/> Dispose Water

CLEAN OUT & ACDZ

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

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimate date of starting any proposed work. If well is directionally drilled, give surface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

WORK PERFORMED 11-11 THRU 11-16-93
 ND WH, NU BOP, ACDZ OH 3691-3910 W/3500 GALS 15% NEFE HCL. SWAB.
 GIH W/BIT, TAG FILL & CLEAN OUT TO 3946', PLACE WELL ON PRODUCTION.

PROD BEFORE WO = 25 BO, 477 BW, 4 MCFD
 AFTER W/ORKOVER = 23 BO, 626 BW, 4 MCFPD

ACCEPTED
J. Lora
 JAN 11 1994

RECEIVED
 JAN 12 11 31 AM '94

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

Signed *Nita Rice* NITA RICE Title TECHNICAL ASSISTANT Date 1/10/94

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____

Conditions of approval, if any: _____

Title 18 U.S.C Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

*See Instructions on Reverse Side