

UNITED STATES
DEPARTMENT OF THE INTERIOR
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 to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well <input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <u>Injector</u>	7. If Unit or CA, Agreement Designation <u>Eunice Monument South Unit- B</u>
2. Name of Operator <u>Chevron U.S.A., Inc.</u>	8. Well Name and No. <u>903</u>
3. Address and Telephone No. <u>P.O. Box 1150 Midland TX, 79702</u>	9. API Well No. <u>30-025-04290</u>
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) <u>Unit E, 1980' FNL & 660' FWL, Sec. 23, T-20S, R-36E</u>	10. Field and Pool, or Exploratory Area <u>Eunice Monument GB/SA</u>
	11. County or Parish, State <u>Lea County, New Mexico</u>

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

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 checked="" type="checkbox"/> Other <u>Inspection of surface piping and cellar.</u>
	<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

13. 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.)*

7/24/91/: Inspection performed by O.C.D. Rep. R.A. Sadler on wells surface piping and cellar. Equipment O.K.

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

Signed B.S. Smith Title Tech. Assistant Date 7/30/91

(This space for Federal or State office use)

Approved by R. Sadler Title OIL & GAS INSPECTOR Date 08 02 1991

Conditions of approval, if any: