

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)

Form approved.  
Budget Bureau No. 1004-013  
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.)

3. LEASE DESIGNATION AND SERIAL NO.  
LC-031740-B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Eunice Monument South Un.

8. FARM OR LEASE NAME

9. WELL NO.

201

10. FIELD AND POOL, OR WILDCAT

Eunice Monument G/SA

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

Sec 4, T21S, R36E

12. COUNTY OR PARISH

Lea

13. STATE

NM

1. OIL WELL  GAS WELL  OTHER

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

594018 Unit F  
1980' FNL & 1980' FWL

14. PERMIT NO. 15. ELEVATIONS (Show whether OP, RT, CR, etc.)  
3553' DF

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF   
FRACTURE TREAT   
SHOOT OR ACIDIZE   
REPAIR WELL   
(Other)  Hydromite PB Zone 6, perf Zone 1-2, Acdz 1-5

PULL OR ALTER CASING   
MULTIPLE COMPLETE   
ABANDON\*   
CHANGE PLANS   
(Other)  XXX

SUBSEQUENT REPORT OF:

WATER SHUT-OFF   
FRACTURE TREATMENT   
SHOOTING OR ACIDIZING   
(Other)

REPAIRING WELL   
ALTERING CASING   
ABANDONMENT\*

(NOTE: Report results of multiple completion or 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.)

PLUG GRAYBURG ZONE 6 W/HYDROMITE, PERF GRAYBURG ZONES 1 & 2, ACDZ ZONES 1 - 5, RETURN TO INJECTION.

RECEIVED  
OCT 2 1990

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

SIGNED M. E. Shinn 1/27/90 TITLE Staff Drlg. Engr.

DATE 1-29-90

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE PETROLEUM ENGINEER

CONDITIONS OF APPROVAL, IF ANY:

DATE 2-5-90

RECEIVED

FEB 7 1990

GOO  
HOBS OFFICE