

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
NEW MEXICO 88240

SUBMIT IN TRIPLICATE  
(Other instructions on reverse 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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. LC031740B	
2. NAME OF OPERATOR Chevron U.S.A. Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Box 670, Hobbs, New Mexico 88240		7. UNIT AGREEMENT NAME Eunice Monument South U	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Unit 0, 3300'FSL and 1980' FEL		8. FARM OR LEASE NAME	
14. PERMIT NO.		9. WELL NO. 230	
15. ELEVATIONS (Show whether of, ft, or etc.) 3564		10. FIELD AND POOL, OR WILDCAT Eunice Monument GB/SA	
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA Sec. 4, T21S, R36E	
12. COUNTY OR PARISH Lea		13. STATE NM	

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C. C. D.  
ARRESTIA, OFFICE

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 COMPLETE <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) plug zone 6, perf, acdz <input checked="" type="checkbox"/>		(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 shut off excessive water flow by dumping Hydromite across Grayburg zone 6 to plug off. Upper Grayburg zones 1-3 will be perforated at 3622-26, 3668-76, 3680-98, 3708-12, 3718-22. Acidize new perfs and swab back. RIH w/production equip.

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

SIGNED [Signature] TITLE Technical Assistant DATE 7-14-89

(This space for Federal or State office use)

APPROVED BY [Signature] FOR: [Signature] DATE 7-25-89  
CONDITIONS OF APPROVAL IF ANY: \_\_\_\_\_