

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TR.PLICATE
(Other instructions on re-
verse side)

30-025-30281
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. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Injector		3. LEASE DESIGNATION AND SERIAL NO. LC-031740-A																								
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 1980' FEL and 1860' FSL		8. FARM OR LEASE NAME																								
14. PERMIT NO.	15. ELEVATIONS (Show whether OF, BT, CR, etc.) 3629.9'	9. WELL NO. 410																								
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		10. FIELD AND POOL, OR WILDCAT Eunice Monument G/SA																								
<table border="0"> <tr> <th colspan="2">NOTICE OF INTENTION TO:</th> <th colspan="2">SUBSEQUENT REPORT OF:</th> </tr> <tr> <td>TEST WATER SHUT-OFF <input type="checkbox"/></td> <td>PCLL OR ALTER CASING <input type="checkbox"/></td> <td>WATER SHUT-OFF <input type="checkbox"/></td> <td>REPAIRING WELL <input type="checkbox"/></td> </tr> <tr> <td>FRACTURE TREAT <input type="checkbox"/></td> <td>MULTIPLE COMPLETE <input type="checkbox"/></td> <td>FRACTURE TREATMENT <input type="checkbox"/></td> <td>ALTERING CASING <input type="checkbox"/></td> </tr> <tr> <td>SHOOT OR ACIDIZE <input type="checkbox"/></td> <td>ABANDON* <input type="checkbox"/></td> <td>SHOOTING OR ACIDIZING <input type="checkbox"/></td> <td>ABANDONMENT* <input type="checkbox"/></td> </tr> <tr> <td>REPAIR WELL <input type="checkbox"/></td> <td>CHANGE PLANS <input type="checkbox"/></td> <td>(Other) <u>CSQ</u></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>(Other) <input type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> </table>		NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:		TEST WATER SHUT-OFF <input type="checkbox"/>	PCLL 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) <u>CSQ</u>	<input checked="" type="checkbox"/>	(Other) <input type="checkbox"/>				11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA Sec.18, T21S,R36E
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:																								
TEST WATER SHUT-OFF <input type="checkbox"/>	PCLL 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) <u>CSQ</u>	<input checked="" type="checkbox"/>																							
(Other) <input type="checkbox"/>																										
		12. COUNTY OR PARISH Lea																								
		13. STATE NM																								

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.)

TD 7 7/8" hole 4-9-88. Run 5 1/2", 15.5#, K-55, LT&C to 4208'. FC at 4124'. Circulate casing capacity w/full returns. Pump 600sx Cl C, tail w/250sx Cl C. Displace w/BW. Plug down at 0737 hrs. 4-10-88, w/2000psi, ok. Circulate 40sx to surface. ND BOPE, set slips and hung off 5 1/2" casing w/60,000# TSN, make rough and final cut. NU 10" national tbq spool, test void w/2800psi, held ok. Release rig 4-10-88.

Note: Notified Mr. Johnson w/ BLM, Hobbs, of longstring cmt job - no witness.

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

SIGNED M. E. Klein TITLE Staff Drilling Engr. DATE April 26, 1988

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: _____

ACCEPTED FOR RECORD
MAY 11 1988

*See Instructions on Reverse Side

SJS
CARLSBAD, NEW MEXICO

RECEIVED

MAY 16 1988

OCD
HOBBS OFFICE