Form 3160-5 (June 1990)

UNITED STATES DEPARTMENT OF THE INTERIOR **BUREAU OF LAND MANAGEMENT**

FORM APPROVED Budget Bureau No. 1004-0135 Expires: March 31, 1993

5. Lease Designation and Serial No.

6. If Indian, Alottee or Tribe Name

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.

NMLC031740B

Conversion to Injection

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

Dispose Water

Use APPLICATION FOR PERMIT - 101 such proposals		
SUBMIT	IN TRIPLICATE	7. If Unit or CA, Agreement Designation
1. Type of Well:	OTHER	8. Well Name and Number EUNICE MONUMENT SOUTH UNIT
2. Name of Operator CHEVRON USA INC		626
3. Address and Telephone No. 15 SMITH ROAD, MII	DLAND, TX 79705 915-687-737	9. API Well No. 30-025-31465
Location of Well (Footage, Sec., T., R., M., or Survey De Unit Letter F : 2650' Feet From The	Well (Footage, Sec., T., R., M., or Survey Description) 10. Field and Pool, Exploaratory Area	
WEST Line Section 4 To	wnship 21-S Range 36-E	11. County or Parish, State LEA , NM
12. Check Appropriate B	ox(s) To Indicate Nature of Notice, Re	eport, or Other Data
TYPE OF SUBMISSION	TYPE OF ACTION	
✓ Notice of Intent ☐ Subsequent Report	Abandonment Recompletion Plugging Back Casing Repair	☐ Change of Plans ☐ New Construction ☐ Non-Routine Fracturing ☐ Water Shut-Off

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.)*:

Atlering Casing

REQUEST TA STATUS

OTHER:

CHEVRON U.S.A. INC. INTENDS TO RE-TEST THE WELL IN ORDER TO REMAIN IN A TA STATUS

CIBP IS SET @ 3600' ON 10-17-03

Final Abandonment Notice

WELL IS UNECONOMICAL TO PRODUCE & IS BEING EVALUATED FOR FUTURE USE.

CONDITIONS OF APPROVAL

(This space for Enderal or State office use)			
TYPE OR PRINT NAME	Denise Leake		
14. I hereby certify that the foresoing is true a SIGNATURE	Secretary Specialist Regulatory Specialist	DATE	8/11/2004
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APPROVEDRIG. SGD.) DAVID R. GLASS

CONDITIONS OF APPROVAL, IF ANY:

AUG 18 2004