

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

5. Lease Designation and Serial No.
LC-031622-A

6. If Indian, Allottee or Tribe Name

N/A

7. If Unit or CA, Agreement Designation
*EUNICE MONUMENT
SOUTH UNIT - B*

8. Well Name and No.
~~EMJUB~~ *866*

9. API Well No.
30-025-04215

10. Field and Pool, or Exploratory Area
EUNICE MONUMENT

11. County or Parish, State
LEA CO. New Mexico

SUBMIT IN TRIPLICATE

1. Type of Well

Oil Well Gas Well Other *INJECTOR*

2. Name of Operator

CHEVRON U.S.A. INC.

3. Address and Telephone No.

P.O. Box 1150 MIDLAND, TX 79702 (915) 687-7812

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

*Sec 11, T 20 S, R 36 E
990 FSL & 1650 FEL unit 0*

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

TYPE OF SUBMISSION

- Notice of Intent
 Subsequent Report
 Final Abandonment Notice

TYPE OF ACTION

- Abandonment
 Recompletion
 Plugging Back
 Casing Repair
 Altering Casing
 Other *DEEPEN, LOG, ACD2*
- Change of Plans
 New Construction
 Non-Routine Fracturing
 Water Shut-Off
 Conversion to Injection *R-7766A*
 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.)*

*MIRU, POOH W/PROD. EQUIP.
TIH SET RBP AT 3590' LOAD BACK SIDE & TEST ANN. (TEST FAILED)
TOH W/RBP, SET CICR AT 3608', PUMP 100 SK CMT BELOW CICR, TOH
DRILL OUT CMT FROM 3316-3865 DRILL NEW FORMATION 3865-3896.
TOH LOG Hole: DLL-GR-LDT-CNL-CAL-CCL-BHC SONIC. TIH
ACD2 OH FROM 3782-3896 W/1500 GALS OF 15% NEFE.
SWB/TST. CHANGE OUT WELL HEAD.
TIH W/ CMT LINED TBG & PKR. SET AT 3592'
LOAD ANN. W/ 65 BBLs OF KW170
TEST ANN TO 300 PSI -OK
RDMD, CONVERT TO INJECTION ON 12-17-91*

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

Signed *Roy Mathews*

Title *TECHNICAL ASSISTANT*

Date *12-18-91*

(This space for Federal or State office use)

Approved by _____
Conditions of approval, if any:

Title _____

Date _____

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

*See Instruction on Reverse Side

RAN

E

ATTN: Bonnie @ OCU

CHEVRON U.S.A. INC.

DISPOSAL/INJECTION WELL
PRESSURE TEST REPORT
NEW MEXICO

TUBING SIZE 2 3/8

PKR. SETTING DEPTH 3592

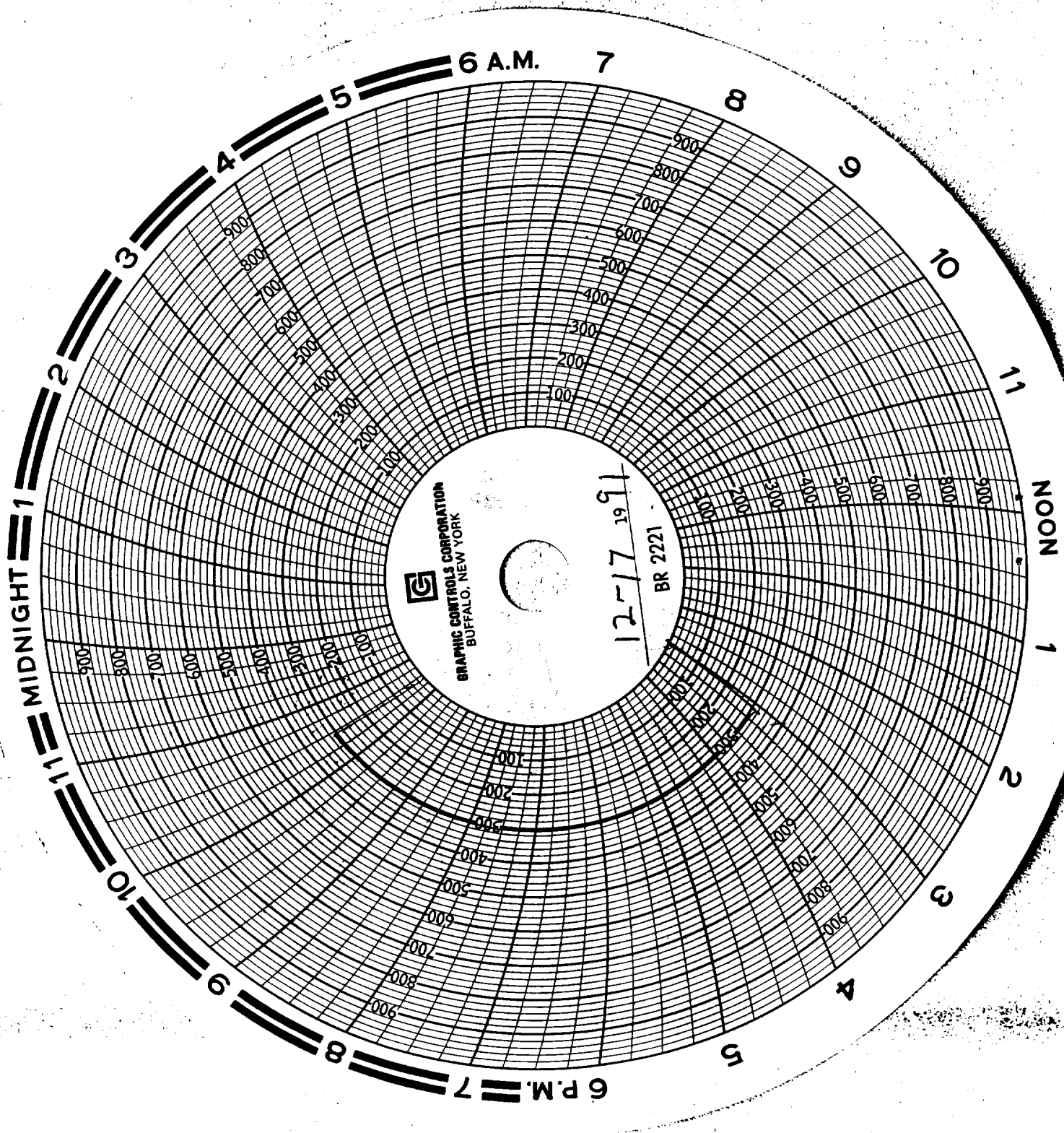
PERFS TOP & BOTTOM
3648-

1. LEASE NAME: EMSUB
2. WELL NO: 866 WIC
3. LOCATION: UNIT _____ SEC 11 T 20S R 36E
4. COUNTY: LEA
5. REASON FOR TEST:
 - _____ INITIAL TEST PRIOR TO INJECTION
 - _____ AFTER WORKOVER
 - _____ FIVE YEAR TEST
 - OTHER (SPECIFY) convert to inj.
6. DATE OF TEST: 12/17/91
7. TEST PRESSURE: _____

TIME	TUBING	CASING	SURFACE CASING
INITIAL	<u>0</u>	<u>305</u>	_____
15 MIN.	<u>0</u>	<u>305</u>	_____
30 MIN.	<u>0</u>	<u>305</u>	_____
_____	_____	_____	_____
_____	_____	_____	_____

8. TEST WITNESSED BY OCD: _____ YES NO _____
IF YES, NAME OF OCD REP. _____
9. OPERATOR COMMENTS ON TEST: _____

10. WELL STATUS:
 - _____ ACTIVE _____ TEMPORARILY ABANDONED _____ OTHER (SPECIFY) Waiting on hook up
11. CHEVRON REPRESENTATIVE: E.O. Doherty Delg REP
NAME TITLE
E.O. Doherty
SIGNATURE



GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK

12-17 1991

BR 2221