

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

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)  
990 FSL & 990 FWL  
Sec 11, T20S, R36E

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.

~~EMER~~ 864

9. API Well No.

30-025-04217

10. Field and Pool, or Exploratory Area

EUNICE Monument

11. County or Parish, State

LEA CO. New Mexico

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  
☐ Change of Plans  
☐ New Construction  
☐ Non-Routine Fracturing  
☐ Water Shut-Off  
☒ Conversion to Injection  
☐ Dispose Water

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

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.  
DRILL FILL TO TD AT 3876  
DEEPEN WELL TO 4110  
LOG Hole: CAL-CCL-GR-CN-CD  
CHANGE OUT WELL HEAD  
SWB/TST ACDZ W/1000 GALS of 15% Nafe  
TIH W/2 3/8" IPC TUBING AND 5 1/2" PACKER.  
Set PACKER AT 3719. LOAD BACKSIDE W/PKR FLUID  
TEST CASING TO 300 PSF-OK  
CONVERT TO INJECTION.  
WORK STARTED 12-19-91 ENDED 12-31-91

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

Signed R. Matthews

Title TECHNICAL ASSISTANT

Date 1-3-92

(This space for Federal or State office use)

Approved by

Conditions of approval, if any:

Title

Date