DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT  BOBBE NEW MENS 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    Type of Well	7. If Unit or CA, Agreement Designation  8. Well Name and No. Eurice #869  Movument South Unit-13  9. API Well No.  30-25(-4217)  10. Field and Pool, or Exploratory Area  Eurite Movument / G SA  11. County or Parish, State
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	7. If Unit or CA, Agreement Designation  8. Well Name and No. Euro E #864  Movement South Unit-13  9. API Well No.  30-25(-4217)  10. Field and Pool, or Exploratory Area  Euro E Movement / G SA  11. County or Parish, State
1. Type of Well    Oll   Gas   Well   Gas   Well   Well	8. Well Name and No. Eurice #864  Movument South Unit-13  9. API Well No.  300-250-4217  10. Field and Pool, or Exploratory Area  Eurite Movument / G SA  11. County or Parish, State
Oil   Well   Well   Other   N ECTOR	9. API Well No.  300-250-4217  10. Field and Pool, or Exploratory Area  ELLISE Movement / G SA  11. County or Parish, State
2. Name of Operator Cheuron USA Inc.  3. Address and Telephone No. P.O. Box 1150 M.o. Jan Ix 7702 AHN: Ex 100 Heety Rm 4111  4. Location of Well (Footage, Sec., T. R., M., or Survey Description)  990 FSL 990 FLUL  Sec 11 Tac 5 R 36E Unit 7  12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT  TYPE OF SUBMISSION  TYPE OF ACTION Notice of Intent Subsequent Report Subsequent Report Final Abandonment Notice  13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of state give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*	10. Field and Pool, or Exploratory Area  First Movement / G SA  11. County or Parish, State
Address and Telephone No.  P.O. Box 1150 M. DAND TX 7702 AHN:ED DOHERTY RM 4111  Location of Well (Footage, Sec., T. R., M., or Survey Description)  QQC FSL: QQC FLUL  Sec. 11 T2CS R 3GE Unit M  TYPE OF SUBMISSION  TYPE OF SUBMISSION  TYPE OF ACTIO  Notice of Intent  Subsequent Report  Final Abandonment Notice  13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of state give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*	10. Field and Pool, or Exploratory Area  First Movement / G SA  11. County or Parish, State
Location of Well (Footage, Sec., T. R., M., or Survey Description)  990 FSL 990 FLUL  Sec. IN Tacs, R. 36E unit m  12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT  TYPE OF SUBMISSION  TYPE OF ACTIO  Abandonment  Recompletion  Plugging Back Casing Repair  Altering Casing Other  13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of state give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*	EUNITE MONUMENT / G & A
Sec 11 Tac 5 12 36E Unit 70  CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT TYPE OF SUBMISSION  TYPE OF SUBMISSION  Notice of Intent  Abandonment Recompletion Plugging Back Casing Repair Altering Casing Other  13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of state give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*	
TYPE OF SUBMISSION  TYPE OF ACTIO  Notice of Intent  Subsequent Report  Final Abandonment Notice  Tinal Abandonment Notice  Type of Actio  Abandonment  Recompletion  Plugging Back  Casing Repair  Altering Casing  Other  Other  Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of state give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*	LEA NM
TYPE OF SUBMISSION  Abandonment Recompletion Plugging Back Casing Repair Altering Casing Other  13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of state give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*	ORT, OR OTHER DATA
Subsequent Report  Plugging Back Casing Repair Altering Casing Other  Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of stagive subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*	
Subsequent Report    Plugging Back   Casing Repair	Change of Plans  New Construction
Final Abandonment Notice  Altering Casing Other  Other  13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of state give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*	Non-Routine Fracturing
Other  Other  Other  Other  Other  Other  Including estimated date of star give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*	☐ Water Shut-Off Conversion to Injection
give subsurface locations and measured and true vertical depuis for all markets and control parameters and	Oispose Water (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form is
	oil Well to AN VEW MEXICO OCD
14. I hereby certify that the foregoing is true and correct  Signed  (This space for Federal or State office use)  Approved by Conditions of approval, if any:  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 I	Date 3   5   9   Date 3 - 13 - 9