

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

O. BOX 1980
DOBBS, NEW MEXICO 88240

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 deepen or reentry to a different reservoir.

Use "APPLICATION FOR PERMIT-" for such proposals

SUBMIT IN TRIPLICATE

1. Type of well

☐ Oil

☐ Gas

☐ Other

INJECTOR

2. Name of Operator

CHEVRON U.S.A. INC.

WENDI KINGSTON 915-687-7826

3. Address and Telephone No.

P. O. BOX 1150

MIDLAND, TX 79702

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

660' FNL & 660' FEL

UNIT A

SEC 14, T20S,36E

5. Lease Designation and Serial No.

E-230 LC 031622-A²

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Eunice Monument South Unit B#870

9. API Well No.

30-025-04261

10. Field and Pool, or Exploratory Area

EUNICE MONUMENT

11. County or Parish, State

LEA COUNTY, NEW MEXICO

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

12

TYPE OF SUBMISSION

☐ Notice of Intent

☒ Subsequent Report

☐ Final Abandonment Notice

TYPE OF ACTION

☐ Abandonment

☐ Recompletion

☐ Plugging Back

☐ Casing Repair

☐ Altering Casing

☒ Other CLEAN OUT/STIM

☐ Change of Plans

☐ New Construction

☐ Non-Routine Fracturing

☐ Water Shut-Off

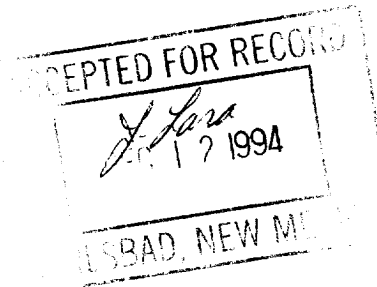
☐ Conversion to Injection

☐ 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 estimate 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.)

WORK STARTED 10/13/94. MIRU, ACDZ OH W/3500 GALS 15% NEFE HCL.
FLUSH W/30 BFW. TURN WEL OVER TO PRODUCTION 10/13/94.



RECEIVED
OCT 15 11 13 AM '94
OCT 15 11 13 AM '94

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

Signed

Title

TECHNICAL ASSISTANT

Date

10/14/94

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any:

RECEIVED
DEC 14 1994
OCD HOBBS
OFFICE