

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.

EASUB 883

9. API Well No.

30-025-04264

10. Field and Pool, or Exploratory Area

EUNICE MONUMENT-G3/SA

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 14, T 20S, R 36E

1980 FSL & 660 FEL

Unit I

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, ACDZ.

☐ Change of Plans

☐ New Construction

☐ Non-Routine Fracturing

☐ Water Shut-Off

☐ Conversion to Injection

☐ 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

DRILL OUT 4" LINER FROM 3700' - 3785'

SET CICK AT 3630', SQZ. W/100 SKS. CMT.

SQZ. CSG. LEAK AT 180' - 240'.

DRLG CMT & CICK TO 3750.

LEFT 3 1/2 JTS. TBG IN HLE, TOF AT 3787'

SIDETRACKED HLE AT 3750'.

DRLG NEW FORMATION FROM 3750' - 4070

LOG HLE: DSN-SDL-GR-CAL

ACDZ OIT 3750-4070 W/800 GALS, 15% NEFE. SWB/TST

SET PACKER 3678. TST TO 300 + PSI - OK

CONVERT TO INJECTION

WORK STARTED 10/8/91 ENDED 10/23/91

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

Signed P.R. Matthews

Title TECHNICAL ASSISTANT

Date 10/24/91

(This space for Federal or State office use)

Approved by

Conditions of approval, if any:

Title

Date