

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

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

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

**330' FNL and 2310' FWL, Unit C
Sec. 14, T-20-S, R-36-E, Lea County, NM**

7. If Unit or CA, Agreement Designation

**Eunice Monument
South Unit-B**

8. Well Name and No.

872

9. API Well No.

30-025-04265

10. Field and Pool, or Exploratory Area

Eunice Monument 68/5A

11. County or Parish, State

Lea County, 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 **Initial Injection
Rates and Pressures**
- ☐ 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.)*

Initial report of injection rates and pressures after conversion of well from oil to injection well status.

4/25/91 Injection rate after 24 hours of injection was 540 bbls/day water, and injection pressure was 0 psi, well is on a vacuum.

ACCEPTED FOR RECORD

MAY 13 1991

CARLSBAD, NEW MEXICO

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

Signed *D.M. Bohon* **D.M. Bohon**

Title **Technical Assistant**

Date **5/2/91**

(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

RECEIVED
MAY 3 10 06 AM '91
CARLSBAD, NEW MEXICO
AREA HEADQUARTERS

RECEIVED

MAY 14 1991

OOB
HOBBS OFFICE