of the first water

TYPE OF SUBMISSION

Final Abandonment Notice

Notice of Intent

___ Subsequent Report

Form 3160-5 (June 1990)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

FORM APPROVED					
Budget Bure	eau No.	100	0401	35	
Expires:	March	31,	1993		

		Expires:	March	31, 19	93
5.	Lease	Designati	on and	Serial	No.

SUNDRY NOTICES	AND	REPORTS	ON	WELLS
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give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

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

6. If Indian, Allottee or Tribe Name

Change of Plans

New Construction

Water Shut-Off

Non-Routine Fracturing

Conversion to Injection

SUBMIT IN TRIPLICATE	The city of each agreement assignment		
Type of Well Oil Well Well Sas Other IN ECTOR	8. Well Name and No. EUNICE #872		
Cheuron USA INC.	Movument South Unit-13 9 API Well No		
Address and Telephone No. P.O. Box 1150 M. DIANN TX 79702 ATIN: EN DOHERTY RM 4111 4 Location of Well (Footage, Sec., T., R., M., or Survey Description)	3CC - 25C - 4265 10. Field and Pool, or Exploratory Area ELWILE MONUMENT / G		
330 FNL , 2310 FWL	11. County or Parish, State		
Sec 14 TOOS R 36 E linet C CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, RE	LEA NM PORT OR OTHER DATA		

Abandonment

Recompletion

Plugging Back

Casing Repair

TYPE OF ACTION

Cheuron USA Inc. REQUEST PERMISSION to convert oil Well to AN injection Well. A permit has been granted by New Mexico OCD Order # 127765B CASE # 10059.

4. I hereby certify that the foregoing is true and correct	Title T.a. Dela.	Date 3 5 9
(This space for Federal or State office use)	199-	Date 3-11-91
Approved by Conditions of approval, if any:	Title	

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.