| Form 3160-5 UNITED STATES (June 1990) DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT 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 | | FORM APPROVED Budget Bureau No. 1004–0135 Expires: March 31, 1993 5. Lease Designation and Serial No. |
|--|---|--|
| | | LC 031622-A |
| | | 6. If Indian, Allottee or Tribe Name |
| SUBMIT IN TRIPLICATE | | 7. If Unit or CA. Agreement Designation |
| 2. Name of Operator | | 8. Well Name and No. |
| Chevron U.S.A., Inc. 3. Address and Telephone No. | | 8. Well Name and No. Eunice Monument Sou Unit B #890 9. API Well No. |
| $P. 0.$ Box 1150 Midland TV $z_{0,700}$ | | 30-025-04266 |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) | | 10. Field and Pool, or Exploratory Area |
| 660' FSL & 660' FEL Unit P, Sec. 14, T-20S, R-36E, NMPM | | Eunice MonumentGB/5/ 11. County or Parish, State |
| | | Lea, NM |
| TYPE OF SUBMISSION | (s) TO INDICATE NATURE OF NOTICE, REPOR | RT, OR OTHER DATA |
| | TYPE OF ACTION | |
| Subsequent Report | Abandonment Recompletion Plugging Back | Change of Plans Change of Plans New Construction Non-Routine Fracturing |
| Final Abandonment Notice | Casing Repair & Deepening Altering Casing Other | Water Shut-Off Conversion to Injection |
| 3 Describe Personal or Construction | | Dispose Water (Note: Report results of multiple completion on Well |
| give subsurface locations and measured and true vertice |] Il pertinent details, and give pertinent dates, including estimated date of starting a cal depths for all markers and zones pertinent to this work.)* | Completion or Recompletion Report and Log form in the proposed work. If well is directionally drilled. |
| WOC. Drill out cement 387 | . Dig out cellar. Drill 3912-13' Cut over junk 3888-3917'. Spot 5-3905'. Mill 3905-3927', drill TIH w/SN to 4043'. TIH w/pump & BO, 10 BW, 5 MCF 9-3-91 | 20 sx cmt at 3917'. |
| | | |
| | | |
| | | |
| I hereby certify that the foregoing is true and correct Signed . K, Kupling (This space for Federal or State office yse) | Tite Lechnical Assistant | Date 9/9/9/ |
| Approved by Conditions of approval, if any: | Title | Date |
| le 18 U.S.C. Section 1001, makes it a crime for any person kr representations as to any matter within its jurisdiction. | nowingly and willfully to make to any department or agency of the United State | s any false, fictitious or fraudulent statements |

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