

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

SUBMIT IN TRIPLICATE

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	7. If Unit or CA. Agreement Designation EUNICE MONUMENT SOUTH UNIT-B
2. Name of Operator CHEVRON U.S.A. INC.	8. Well Name and No. EMSUB #890
3. Address and Telephone No. P.O. BOX 1150 MIDLAND, TX 79702, ATTN: P.R. MATTHEWS	9. API Well No. 30-025-04266
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 660 FSL & 660 FEL SEC. 14, T20S, R36E, UNIT P	10. Field and Pool, or Exploratory Area EUNICE MONUMENT
	11. County or Parish, State LEA, NEW MEXICO

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input type="checkbox"/> Other DEEPEN
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> 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 WITH PROD. EQUIP.
NU WH 6" X 900 SERIES.
DRILL ON JUNK AT 3912-3913.
SET 20 SXS. CMT PLUG AT 3913, TAG CMT TOP AT 3875.
DRILL CMT 3875-3914, DRILL NEW FORMATION 3927-4110.
TIH WITH PROD. EQUIP. SN AT 4043, EOT 4078.
RDMO, RETURN TO PRODUCTION.
WORK STARTED 8-20-91, WORK ENDED 8-27-91.

AB

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

Signed P.R. Matthews

Title TECHNICAL ASSISTANT

Date 8-28-91

(This space for Federal or State office use)

Approved by _____

Conditions of approval, if any: _____

Title _____

Date _____