

UNITED STATES RECEIVED
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
FEB 5 3 04 PM '92

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 checked="" type="checkbox"/> Other	5. Lease Designation and Serial No. LC 031622A
2. Name of Operator Chevron U.S.A., Inc.	6. If Indian, Allottee or Tribe Name N/A
3. Address and Telephone No. P.O. Box 1150, Midland, TX 79702	7. If Unit or CA, Agreement Designation Eunice Monument South Unit B
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Unit G, 1650' FNL & 1650' FEL, Sec. 14, T20S, R36E	8. Well Name and No. 877
	9. API Well No. 30-025-04267
	10. Field and Pool, or Exploratory Area Eunice Monument GB/SA
	11. County or Parish, State Lea, NM

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 checked="" type="checkbox"/> Other Inspection
	<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

(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.)

1/30/91 Inspection of cellar and surface piping by O.C.D. Rep. Lyle Turnacliff, equipment o.k.

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AREA

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

Signed J. R. Ripley Title Technical Assistant Date 2/3/92

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____

Conditions of approval, if any: _____