

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. OIL CONS. COMMISSION
P.C. OX 1980
HOBBS, NEW MEXICO 88240

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 deepen or reentry to a different reservoir.

Use "APPLICATION FOR PERMIT-" for such proposals

SUBMIT IN TRIPLICATE

1. Type of well

☐ Oil

☐ Gas

☐ Other

INJECTOR

2. Name of Operator

CHEVRON U.S.A. INC.

WENDI KINGSTON 915-687-7826

3. Address and Telephone No.

P. O. BOX 1150

MIDLAND, TX 79702

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

660' FNL & 2310' FWL

UNIT C

SEC 23, T20S,36E

5. Lease Designation and Serial No.

E-230 LC 046164-A^R

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Eunice Monument South Unit B#901

9. API Well No.

30-025-04288

10. Field and Pool, or Exploratory Area

EUNICE MONUMENT

11. County or Parish, State

LEA COUNTY, NEW MEXICO

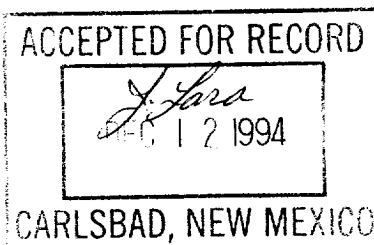
CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

12	TYPE OF SUBMISSION	TYPE OF ACTION	
	<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
	<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
		<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
		<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
		<input checked="" type="checkbox"/> Other CLEAN OUT/STIM	<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 estimate 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.)

WORK STARTED 10/17/94. MIRU COIL TBG. CLEAN OUT TO 4178'. CIRC HOLE CLEAN.
ACDZ PERFS 3781'-3847' & OH 3884'-4178' W/3000 GALS 15% NEFE HCL.
RETURN WELL TO PRODUCTION 10/18/94.



RECEIVED
NOV 15 11 27 AM '94
OIL AND GAS

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

Signed

Title

TECHNICAL ASSISTANT

Date

10/14/94

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any:

RECEIVED

DEC 14 1994
OCD HOBBS
OFFICE