

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. OIL CONS. COMMISSION
P.O. X 1980
HORRS. NEW MEXICO-88240
Budget Bureau No. 1004-0135

Expires: March 31, 1983

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)
**1980' FNL & 660' FWL
UNIT E
SEC 23, T20S, 36E**

5. Lease Designation and Serial No.

LC-046164-A

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Eunice Monument South Unit B#903

9. API Well No.

30-025-04290

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 checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
	<input 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 completions on Well Completion or Recompletion Report and Log forms.)

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.)

WE PROPOSE TO: RU SLICKLINE UNIT. TAG FILL AT TD. IF FILL IS ABOVE TD, THEN CLEAN OUT WITH COILED TBG. ACDZ W/3500 GALS 15% NEFEA/UNISOL TURN WELL OVER TO PRODUCTION.

RECEIVED
JUN 12 10 40 AM '85
OIL & GAS
ADMIN.

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

Signed Joe G. Lara Title

TECHNICAL ASSISTANT

Date **1/11/95**

(This space is for the signature of the approver.)
(ORIG 86D) JOE G. LARA

Title **PETROLEUM ENGINEER**

Date **2/8/95**

Approved by _____
Conditions of approval, if any: