

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

N.M. OIL CONS. COMMISSION  
P.O. BOX 1980  
MORRIS, 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)  
**330' FNL & 330' FEL  
UNIT A  
SEC 23, T20S, 36E**

5. Lease Designation and Serial No.  
**LC-030143-B**

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

**Eunice Monument South Unit B#899**

9. API Well No.

**30-025-04294**

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 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.)

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.

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

Signed

Title

**TECHNICAL ASSISTANT**

Date

**1/11/95**

(This space for Federal or State office use)

Approved by

Conditions of approval, if any:

Title

**PETROLEUM ENGINEER**

Date

**2/8/95**