

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

5. Lease Designation and Serial No.

LC-030143-B

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation  
Eunice Monument South  
Unit B

8. Well Name and No.  
899

9. API Well No.  
30-025-04294

10. Field and Pool, or Exploratory Area  
Eunice Monument GB/SA

11. County or Parish, State

Lea County, New Mexico

**SUBMIT IN TRIPLICATE**

1. Type of Well

☐ Oil Well ☐ Gas Well ☒ Other Injector

2. Name of Operator

Chevron U.S.A. Inc.

3. Address and Telephone No.

P.O. Box 1150, Midland, TX 79702

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

Unit A, 330' FNL & 330' FEL  
Sec. 23, T-20-S, R-36-E

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

TYPE OF SUBMISSION

- ☐ Notice of Intent  
☒ Subsequent Report  
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment  
☐ Recompletion  
☐ Plugging Back  
☐ Casing Repair  
☐ Altering Casing  
☒ Other Initial Report of  
Injection rates and psi  
☐ Change of Plans  
☐ New Construction  
☐ Non-Routine Fracturing  
☐ Water Shut-Off  
☒ Conversion to Injection  
☐ 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.)\*

Initial report of injection rates and pressures after workover and conversion of this well from a producing well to an injection well.

6/20/91 Injection rate after 24 hours of injection was 500 bbls/day water, and injection pressure was 0 psi. Well is on a vacuum.

UNITED FORM NO. 3160-5  
A-2

10/13/91

10/13/91

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

Signed D.M. Bohon D.M. Bohon

Title Technical Assistant

Date 6/24/91

(This space for Federal or State office use)

Approved by \_\_\_\_\_  
Conditions of approval, if any:

Title \_\_\_\_\_

Date \_\_\_\_\_

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

\*See Instruction on Reverse Side