DEPARTMEN BUREAU OF I SUNDRY NOTICES Do not use this form for proposals to dr Use "APPLICATION FOR SUBMIT 1. Type of Well Well Well Other INJECTOR 2. Name of Operator Cheuron USA Inc. 3. Address and Telephone No. POBOX 1150 M. JANN IX 4. Location of Well (Footage, Sec., T., R., M., or Survey D 1980 FSL 7 3 36 FE	<u>_</u>	FORM APPROVED Budget Bureau No. 1004-0135 Expires: March 31, 1993 5. Lease Designation and Serial No. 6. If Indian, Allottee or Tribe Name 7. If Unit or CA, Agreement Designation 8. Well Name and No. Euro E # 9 Moviment South Unit-1 9. API Well No. 300-250-4298 10. Field and Pool, or Expioratory Area Euro E Moviment C
Sec 23 Taos R36	E	LEA NM
	s) TO INDICATE NATURE OF NOTICE, REPO	· · · · · · · · · · · · · · · · · · ·
Cheuron USA INC. REQUESTINGECTION WELL. A PERMIT ORDER # RITHSB CASE	Abandonment Recompletion Plugging Back Casing Repair Altering Casing Other Ul pertinent details, and give pertinent dates, including estimated date of startical depths for all markers and zones pertinent to this work.)* SH PERMISSION TO CONVERT OF THE STANKED BY NEW PRANTED BY NEW PR	Change of Plans New Construction Non-Routine Fracturing Water Shut-Off Conversion to Injection Dispose Water (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form) ng any proposed work. If well is directionally drilled.
R776(A 14. I hereby certify that the foregoing is true and correct Signed Chis space for Federal or State office use) Approved by Conditions of approval, if any:	Title T.A. Delg.	Date3-/3-9/