

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

N.M. OIL CONS. COMMISSION  
BOX 1980  
HOBBS, NEW MEXICO 88240  
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 deepen or reentry to a different reservoir.

Use "APPLICATION FOR PERMIT-" for such proposals

**SUBMIT IN TRIPLICATE**

1. Type of well <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Other	7. If Unit or CA, Agreement Designation
2. Name of Operator CHEVRON U.S.A. INC. WENDI KINGSTON 915-687-7826	8. Well Name and No. Eunice Monument South Unit B#920
3. Address and Telephone No. P. O. BOX 1150 MIDLAND, TX 79702	9. API Well No. 30-025-04299
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 990' FSL & 1650' FEL UNIT O SEC 23, T20S, 36E	10. Field and Pool, or Exploratory Area EUNICE MONUMENT
	11. County or Parish, State LEA COUNTY, NEW MEXICO

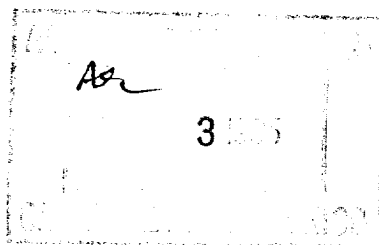
**CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA**

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 ACID FRAC/SAND FRAC	<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 1/12/95: MIRU PU, ND WH, NU BOP. RUN CALP LOG F/4241'-3600'.  
ACDZ W/15,000 GALS 15% HCL. SWAB BACK ACID.  
FRAC OH 3558'-3748' W/8,000 GALS 30# CROSSLINKED GEL, 18,000 LBS  
20/40 BRADY SD & 7,000 LBS RESIN COATED 20/40 BRADY SD. FLUSH.  
RIH W/2 3/8" TBG TO 4195'. ND BOP, NU WH, TURN WELL OVER TO PRODUCTION 01/19/95.



14. I hereby certify that the foregoing is true and correct.		
Signed <u>[Signature]</u>	Title <b>TECHNICAL ASSISTANT</b>	Date <b>1/24/95</b>
(This space for Federal or State office use)		
Approved by _____	Title _____	Date _____
Conditions of approval, if any:		

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.