(June 1990) DEPARTMEN		ED STATES F OF THE INTERIOR	FORM APPROVED Budget Bureau No. 1004-0135 Expires: March 31, 1993
BUREAU OF LAND MANAGEMENT			5. Lease Designation and Serial No.
Do not use this forr Use	6. If Indian. Allottee or Tribe Name		
	7. If Unit or CA, Agreement Designation EUNICE MONUMENT		
1. Type of Well Oil Gas Well Well	SOUTH UNIT-B 8. Well Name and No.		
2. Name of Operator CHEVRON U.S.	EMSUB 915 9. API Well No.		
3. Address and Telephone No. P.C. BOX 115	30-025-04300 10. Field and Pool, or Exploratory Area		
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)			- EUNICE MONUMENT AB/8A
SEC. 23, T 20S, R 36E 2310 FSL AND 1650 FEL UNIT J			11. County or Parish, State LEA NEW MEXICO
12. CHECK AI	PPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPO	RT, OR OTHER DATA
TYPE OF SL	TYPE OF SUBMISSION TYPE OF ACTION		
Notice of In		Abandonment Recompletion Plugging Back Casing Repair	Change of Plans Change of Plans New Construction Non-Routine Fracturing Water Shut-Off
	donment Notice	Altering Casing DEEPEN, LOG, LINER PERF, ACDZ	Conversion to Injection Dispose Water (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)
13. Describe Proposed or Compi give subsurface location	leted Operations (Clearly state all ns and measured and true vertice	pertinent details, and give pertinent dates, including estimated date of startin I depths for all markers and zones pertinent to this work.)*	g any proposed work. If well is directionally drilled
200 SXS. SQZ. LEAK DRILL 384 CCL-CAL-G CMT. WOC TO 4155', TEST LINE 180 DEG. ACDZ PERF ACDZ PERF RDMO, RET	CMT. DRILL OUT WITH 75 SXS. CM 8-4180 W/ UNDERR R. RUN 4 1/2" R 85 HRS. TEST 4 SQZ W/ 25 SXS. R TOP TO 500 PSI PHSD, TOTAL 129 S 3953-4134 W/ 3	000 GALS 15% NEFE, SWB/TST. 000 GALS 15% NEFE, SWB/TST. TIH W/PF N.	36. SN-SDL- TCH MIXED 75SXS. DRILL OUT 2 JHPF
14. I hereby certify that the for Signed	egoing is true and correct	TECHNICAL ASSISTANT	8-21-91
(This space for Federal or :	State office use)		
Approved by Conditions of approval, if a	uny:	Title	Date
Title 18 U.S.C. Section 1001, r or representations as to any mat	nakes it a crime for any person I tter within its jurisdiction.	cnowingly and willfully to make to any department or agency of the United	i States any false, fictitious or fraudulent statement
		*See Instruction on Reverse Side	

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