

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NEW MEXICO COMMISSION
P.O. BOX 1980 M 88210
HOLDS, 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
☐ 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)
**1980' FNL & 1650' FEL
UNIT G
SEC 23, T20S,36E**

5. Lease Designation and Serial No.
E-230 LC 030143-B^R

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.
Eunice Monument South Unit B#905

9. API Well No.
30-025-04301

10. Field and Pool, or Exploratory Area
EUNICE MONUMENT

11. County or Parish, State
LEA COUNTY, NEW MEXICO

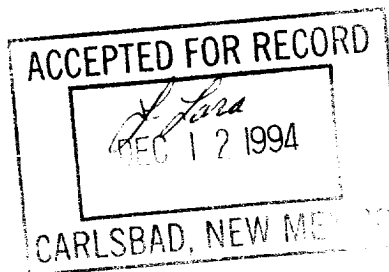
CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

12	TYPE OF SUBMISSION	TYPE OF ACTION	
	<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plane
	<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 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.)

WORK STARTED 10/17/94. MIRU COIL TBG UNIT & CIRC CLEAN TO 4250'.
ACDZ PERFS 3776'-4254' W/3500 GALS 15% NEFE HCL.
RETURN WELL TO PRODUCTION 10/18/94.



NOV 15 11 17 AM '94
RECEIVED

14. I hereby certify that the foregoing is true and correct.
Signed Wendi Kingston Title TECHNICAL ASSISTANT Date 10/14/94
(This space for Federal or State office use)
Approved by _____ Title _____ Date _____
Conditions of approval, if any:

RECEIVED

DEC 14 1994

OCD HOBBS
OFFICE