

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. OIL CONS. COMMISSION
P.O. BOX 1980
HOBBS, NEW MEXICO 88240

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)

660' FSL & 660' FWL

UNIT M

SEC 23, T20S, 36E

5. Lease Designation and Serial No.

LC-030143-B

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Eunice Monument South Unit B#918

9. API Well No.

30-025-04302

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

☒ Notice of Intent

☐ Subsequent Report

☐ Final Abandonment Notice

TYPE OF ACTION

☐ Abandonment

☐ Recompletion

☐ Plugging Back

☐ Casing Repair

☐ Altering Casing

☒ Other CLEAN OUT/STIM

☐ 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 forms.)

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.)*

WE PROPOSE TO: RU SLICKLINE UNIT. TAG FILL AT TD. IF FILL IS ABOVE TD, THEN CLEAN OUT WITH COILED TBG. ACDZ W/3000 GALS 15% NEFEA/UNISOL TURN WELL OVER TO PRODUCTION.

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

Signed

Title

TECHNICAL ASSISTANT

Date

1/11/95

(This space is for the State office use.)

APPROVED: (Type Name and Title) JOE G. LARA

Title

PETROLEUM ENGINEER

Date

2/8/95

Conditions of approval, if any: