

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

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

WELL DISTRICT COPY

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 **WATER INJECTION**

2. Name of Operator
CHEVRON U.S.A. INC.

3. Address and Telephone No. **(915) 687-7436**
P.O. BOX 1150 MIDLAND, TEXAS 79702 ATTN: NITA RICE

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
SECTION 23, T-20-S, R-36-E
660' FSL & 660' FWL
UNIT M

5. Lease Designation and Serial No.
LC-030143-B

6. If Indian, Allottee or Tribe Name
N/A

7. If Unit or CA, Agreement Designation
EMSUB

8. Well Name and No.
EMSU-B #918

9. API Well No.
30-025-04302

10. Field and Pool, or Exploratory Area
EUNICE MONUMENT

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

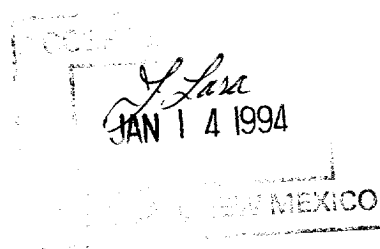
CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

12 TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input 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 checked="" type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Other	<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 PERFORMED 11-23 THRU 11-24-93
POH W/RODS & TUBING. RIH & SET INJECTION PACKER @ 3820' ON 2-3/8
PLASTIC LINED TUBING, TEST CASING CIRCULATE PACKER FLUID & BEGIN INJECTION.
INJECTION INTERVAL THRU PERFS 3870-3920 AND OPEN HOLE 3959-4200' OPEN HOLE.



RECEIVED
DEC 13 8 47 AM '93
OIL
AND
GAS

14. I hereby certify that the foregoing is true and correct
Signed Nita Rice NITA RICE Title TECHNICAL ASSISTANT Date 12/2/93
(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.

*See Instructions on Reverse Side

ICB

CP