Form 3160-5
(June 1990)

**UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT**

Budget Bureau No. 1004-0135

Expires: March 31, 1993

5. Lease Designation and Serial No.
E-230 LC030143-BR

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

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE

7. If Unit or CA, Agreement Designation

1. Type of well
[ ] Oil [ ] Gas [ ] Other   INJECTOR

8. Well Name and No.
Eunice Monument South Unit B#912

2. Name of Operator
CHEVRON U.S.A. INC.   WENDI KINGSTON 915-687-7826

9. API Well No.
30-025-04305

3. Address and Telephone No.   P. O. BOX 1150
MIDLAND, TX 79702

10. Field and Pool, or Exploratory Area
EUNICE MONUMENT

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
1980' FSL & 1980' FWL
UNIT K
SEC 24, T20S,36E

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

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

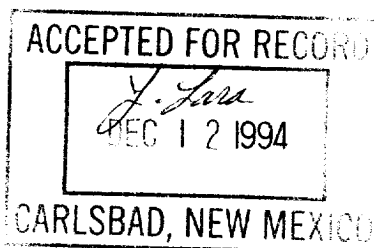| 12 TYPE OF SUBMISSION	TYPE OF ACTION	
[ ] Notice of Intent	[ ] Abandonment	[ ] Change of Plans
	[ ] Recompletion	[ ] New Construction
[X] Subsequent Report	[ ] Plugging Back	[ ] Non-Routine Fracturing
	[ ] Casing Repair	[ ] Water Shut-Off
[ ] Final Abandonment Notice	[ ] Altering Casing	[ ] Conversion to Injection
	[X] Other CLEAN OUT/STIM	[ ] 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 10/13/94. MIRU NOWSCO, ACDZ W/3000 GALS 15% NEFE HCL.
TURN WELL OVER TO PRODUCTION 10/13/94.

ACCEPTED FOR RECORD

DEC 1 2 1994

CARLSBAD, NEW MEXICO

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

Signed _____ Title TECHNICAL ASSISTANT   Date 10/14/94

(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 wilfully to make to any department or agency of the United States any false, fictious or fraudulent statements or representations as to any matter within its jurisdiction.

*See Instructions on Reverse Side