

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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 to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well <input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <u>Injector</u>	5. Lease Designation and Serial No. <u>LC-030143-B</u>
2. Name of Operator <u>Chevron U.S.A. Inc.</u>	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. <u>P. O. Box 1150, Midland, Texas 79702</u>	7. If Unit or CA, Agreement Designation <u>Eunice Monument</u> <u>South Unit - B</u>
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) <u>1980' FSL and 990' FWL</u> <u>Unit L, Sec. 24</u> <u>T-20-S, R-36-E</u>	8. Well Name and No. <u>913</u>
	9. API Well No. <u>30-025-04307</u>
	10. Field and Pool, or Exploratory Area <u>Eunice Monument GB/SA</u>
	11. County or Parish, State <u>Lea County, New Mexico</u>

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other <u>Initial Report of</u> <u>Cellar inspection.</u>
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated 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.)*

5/23/91-Inspection done on cellar and surface piping by O.C.D. Rep. R. A. Sadler.
Everything O.K.



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

Signed <u>D.M. Bohon</u>	Title <u>Technical Assistant</u>	Date <u>5/29/91</u>
(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 Instruction on Reverse Side

RECEIVED

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