Form 3160-5 (June 1990)

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

FORM APPRO	OVED
Budget Bureau No.	1004-0135
Expires: March	31, 1993

	expires:	M	arcn	131.	, וא	
Lease	Designa	tion	and	Se	rial	No.
1/	IM			_		

		3. Lease Designation and Serial No.			
SUNDRY NOTICES	VH-62666				
Do not use this form for proposals to d	6. If Indian, Allottee or Tribe Name				
Use "APPLICATION FO	PR PERMIT—" for such proposals	N/A			
	7. If Unit or CA, Agreement Designation				
SUBMIT	EUNICE MONUMENT				
1. Type of Well		SOUTH UNIT -8			
Oil Gas Well Other INJECT	8. Well Name and No.				
2. Name of Operator	EMSUB 895				
CHEVRON U.S.A. INC.  3. Address and Telephone No.	9. API Well No.				
P.D. BOX 1150 Missians To	30-025-04308 V				
P.O. Box 1150 Midrand, TX 4. Location of Well (Footage, Sec., T., R., M., or Survey D	10. Field and Pool, or Exploratory Area				
Sec 24, T 205, R 36	EUNICE MONUMENT / GE 11. County or Parish, State				
660 FNL & 660 FEL	LEA CO. New Mexico				
12. CHECK APPROPRIATE BOX(	s) TO INDICATE NATURE OF NOTICE, REPOR	RT, OR OTHER DATA			
TYPE OF SUBMISSION	TYPE OF ACTION				
Notice of Intent					
	Abandonment Recompletion	Change of Plans			
Subsequent Report	Plugging Back	New Construction			
	Casing Repair	Non-Routine Fracturing Water Shut-Off			
Final Abandonment Notice	Altering Casing	Conversion to Injection			
	Other PERF ACDZ	Dispose Water			
		(Note: Report results of multiple completion on Well			
<ol> <li>Describe Proposed or Completed Operations (Clearly state al give subsurface locations and measured and true vertice)</li> </ol>	l pertinent details, and give pertinent dates, including estimated date of starting al depths for all markers and zones pertinent to this work.)*	any proposed work. If well is directionally drilled			
	OL- GR- CAL - DLL-MSA - GR- C				
LOG HOLE: LA! - CA	DEC-MSA-GR-	IAL			
PERF 3694-37	04 w/4" Gons 180° PHSD	5 JHPF			
ACDZ ZONE 4	(3694-3704) W/300 GALS	15% NEFE.			
	ETURN TO PRODUCTION.				
300 /121 RC	TORV TO THEODOGITO	Ocas Are			
•	10°C	7			
	1.14	Z)			
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		29			
4. I hereby certify that the foregoing is true and correct					
Signed P.R. Matthews	Title TECHNICAL ASSISTANT	Date			
(This space for Federal or State office use)					
Approved by	Title	Date			
Conditions of approval, if any:		Date			

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