

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRI. CATE.  
(Other instructions on re-  
verse side)

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

LC 031736 A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Eunice Monument South Unit

8. FARM OR LEASE NAME

9. WELL NO.

108

10. FIELD AND POOL, OR WILDCAT

Eunice Monument G/SA

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA

Sec 25, T20S, R36E

12. COUNTY OR PARISH

Lea

13. STATE

NM

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL ☐ GAS WELL ☐ OTHER WIW

2. NAME OF OPERATOR

Chevron U.S.A. Inc.

3. ADDRESS OF OPERATOR

P.O. Box 670, Hobbs, New Mexico 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface

Unit G, 1980 FNL & 1980 FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DV, RT, GR, etc.)

3535' G1

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Zone 465 RPL

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

Deepen 97 Exposing Grayburg

(NOTE: Report results of multiple completion on Well  
Completion or Recompletion Report and Log form.)

17. 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.)\*

MIRU PU, TOH W/ 2 3/8" IPC TBG & PKR

TIH W/ 6 1/8" BIT

CO 27' FILL & DRILL NEW HOLE F 3914 TO 4037', CIRC CLEAN

RU WL CO. & RAN CNL/CDL/GR/CCL/CALIPER

RIH W/ TSN PKR TSTG IN HOLE TO 3000 PSI

SET PKR @ 3678'

NU INJ HEAD TST CSG & PKR TO 600 PSI/30 MIN OK

RETURN WELL TO INJECTION.

WORK STARTED 5-23-90 WORK ENDED 5-25-90

RECEIVED  
JUN 16 8 35 AM '90  
CARLSBAD AREA HEAD

ACCEPTED FOR RECORD

Ad

JUN 17 1990

CARLSBAD, NEW MEXICO

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

SIGNED

*TM Beal*

TITLE Drlg. Engr.

DATE 6-15-90

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

\*See Instructions on Reverse Side

RECEIVED

JUN 27 1990

OCD  
HOBBS OFFICE

CHEVRON U.S.A. INC.  
DISPOSAL/INJECTION WELL  
PRESSURE TEST REPORT  
NEW MEXICO

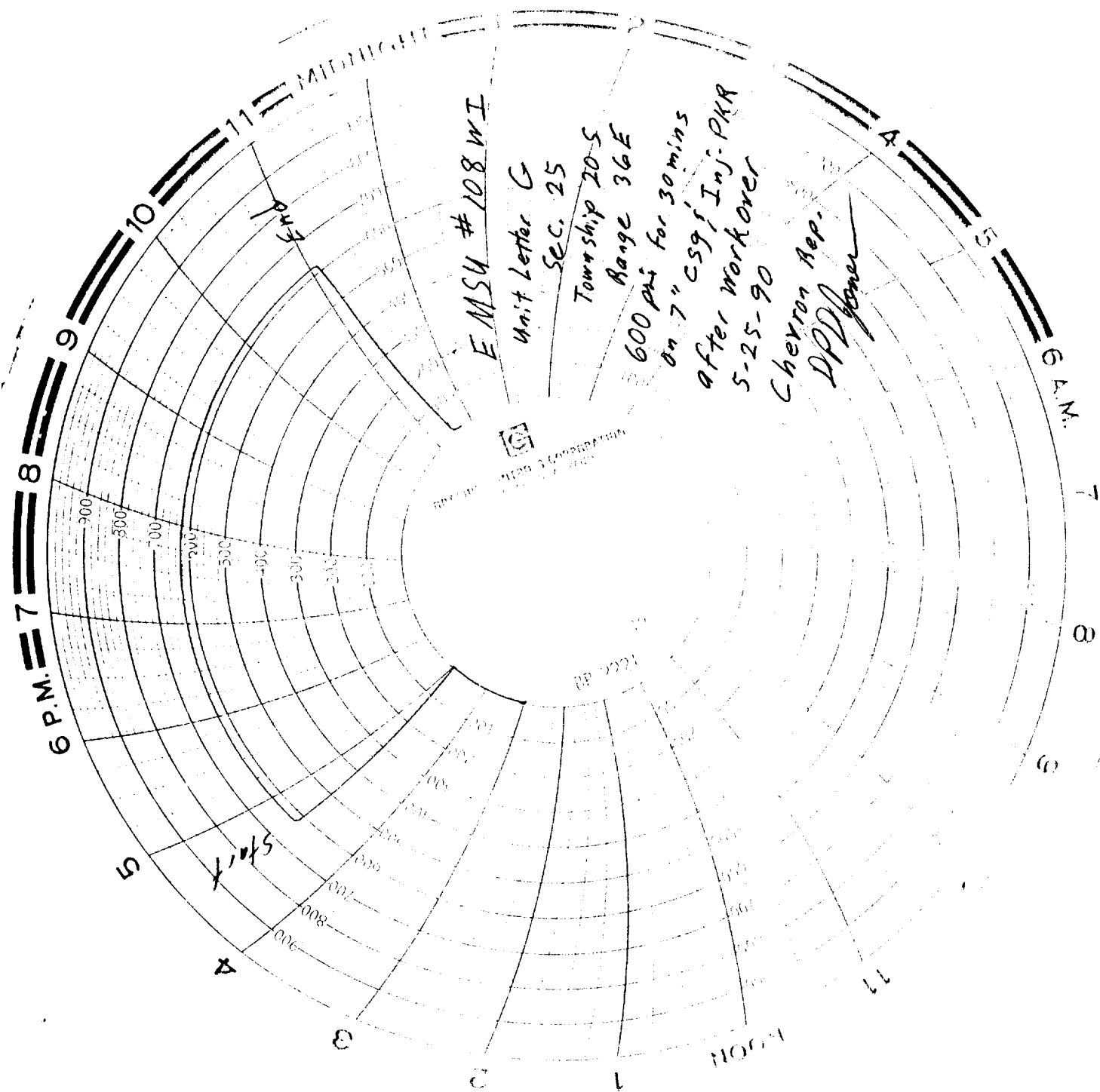
RECEIVED  
JUN 18 8 35 AM '90  
CARL  
AREA  
OPS

1. LEASE NAME: EMSU
2. WELL NO: 108 WI
3. LOCATION: UNIT G SEC 25 T 20S R 36E
4. COUNTY: Lea
5. REASON FOR TEST: ☐ INITIAL TEST PRIOR TO INJECTION  
☒ AFTER WORKOVER  
☐ FIVE YEAR TEST  
☐ OTHER (SPECIFY) \_\_\_\_\_
6. DATE OF TEST: 5-25-90
7. TEST PRESSURE:

TIME	TUBING	CASING	SURFACE CASING
INITIAL	<u>0</u>	<u>630</u>	<u>0</u>
15 MIN.	<u>0</u>	<u>625</u>	<u>0</u>
30 MIN.	<u>0</u>	<u>620</u>	<u>0</u>
_____	_____	_____	_____
_____	_____	_____	_____

8. TEST WITNESSED BY OCD: ☐ YES ☒ NO  
IF YES, NAME OF OCD REP. \_\_\_\_\_
9. OPERATOR COMMENTS ON TEST: 7" Baker TSN PKR set @ 3678'  
PKR FLU. = FW w/ Nalco 3900 @ 3801
10. WELL STATUS: ☒ ACTIVE ☐ TEMPORARILY ABANDONED ☐ OTHER (SPECIFY) \_\_\_\_\_
11. CHEVRON REPRESENTATIVE: D P D Jones Drlg. Rep.  
NAME TITLE  
D P D Jones  
SIGNATURE

RECEIVED  
JUN 27 1990  
GOD  
HOBBS OFFICE



EMSU #108 WI

Unit Letter G

Sec. 25

Township 20-S

Range 36-E

600 psi for 30 mins

on 7" CSG, Inj. PKR

after workover

5-25-90

Cherron Rep.

DPD

Doner



GEOPHYSICAL RESEARCH CORPORATION

BP 2001

Start

6 P.M. = 7 = 8 = 9

6 A.M. = 7 = 8 = 9

RECEIVED  
JUN 27 1990  
OCD  
HOBBS OFFICE