

DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT, BLM COMMISSION

(Other instructions on reverse side)

SUNDRY NOTICES AND REPORTS ON WELLS

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

1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. LC 031736-B
2. NAME OF OPERATOR Chevron U.S.A. Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 670, Hobbs, NM 88240		7. UNIT AGREEMENT NAME Eunice Monument South Unit
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface		8. FARM OR LEASE NAME
14. PERMIT NO.		9. WELL NO. 121
15. ELEVATIONS (Show whether DF, RT, OR, etc.) 3554 DF		10. FIELD AND POOL, OR WILDCAT Eunice Monument
		11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA Unit L, Sec 25, T20S, R36
		12. COUNTY OR PARISH Lea
		13. STATE NM

1980 FSL & 660 FWL

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)

PLUG OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANE

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

(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. POH with pump and rods. ND wellhead. NU BOP. POH with tubing. GIH with bit and workstring and clean out fill to TD (3754'). POH. TIH with RBP and packer on workstring and check for casing leaks. Squeeze cement leaks, if necessary. RU wireline unit and run CNL, GR/CCL (TD-surface), and open hole caliper (TD- casing shoe). Acidize with 8000 gallons 15% NEFE HCL. Swab back acid residue and load water. RU chemical company and chemmically squeeze well. RIH with production tubing and pumping equipment. Place well on production.

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

SIGNED

TITLE Division Drilling Manager

DATE 10-10-1985

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

RECEIVED

OCT 29 1985

O.C.D.  
HOSES OFFICE