

(November 1983)
(Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on
reverse side)

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

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. LC-048741-A	
2. NAME OF OPERATOR Chevron U.S.A. Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Unit	
3. ADDRESS OF OPERATOR P.O. Box 670, Hobbs, New Mexico 88240		7. UNIT AGREEMENT NAME Eunice Monument South	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660 FSL & 2287 FWL		8. FIRM OR LEASE NAME	
14. PERMIT NO.		9. WELL NO. 123	
15. ELEVATIONS (Show whether OF, RT, GR, etc.) 3541.0 GLE		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	

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input checked="" type="checkbox"/>
(Other) CSQ & cmt rpt	<input type="checkbox"/>		<input type="checkbox"/>

(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.)

TD 7 7/8" hole at 4:30pm 7-6-87. Circ, Log, w/GR/DLL/MSFL and GR/CNL/LDT/EPT. Circ hole, run 98 and 2 cut jts 5 1/2" 15.5# K-55 ST&C, set at 4200', FC at 4175', circ, cmt w/ 450 sx Cl C, and 250 sx Cl C, displaced w/ 99 bbls FW, circ 62 sx to surf. ND BOP, set slips, NU WH, jet and clean pits, release rig at 4PM 7-7-87, Notified Walter Cox w/BLM about cmt job, no witness.

ACCEPTED FOR RECORD

JUL 17 1987

SJS
CARLSBAD, NEW MEXICO

RECEIVED
JUL 15 11 38 AM '87
CARLSBAD RESOURCE
AREA HEADQUARTERS

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

SIGNED M. E. Ahlin TITLE Staff Drilling Engineer DATE July 13, 1987

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

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.

RECEIVED
JUL 27 1987
JUL 27 1987
JUL 27 1987