

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN 1 LOCATE\*  
(Other instructions on re-  
verse side)

Form approved.  
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-048741A
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, 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 Unit M, 560' FSL and 860' FWL	8. FARM OR LEASE NAME Unit
14. PERMIT NO.	9. WELL NO. 122
15. ELEVATIONS (Show whether DF, RT, CR, etc.) 3543.9	10. FIELD AND POOL, OR WILDCAT Eunice Monument GB/SA
	11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA Sec. 25, T20S, R36E
	12. COUNTY OR PARISH Lea
	13. STATE NM

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) casing detail	
(Other) <input type="checkbox"/>			

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

Spud 12 1/4" hole 6-11-88. TD 12 1/4" hole 6-12-88. Run 28 jts, 8 5/8" 24#, K-55, ST&C to 1210'. Circulate capacity. Cement w/ 750 sx Class C. Circ. 275 sx to surface. Bump plug. WOC 22 1/2hrs.

RECEIVED  
JUL 22 11 23 AM '88  
CARLSBAD OFFICE  
AREA HEADQUARTERS

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

SIGNED M. E. Ohm

TITLE Staff Drilling Engr.

DATE July 21, 1988

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

ACCEPTED FOR RECORD

DATE

\*See Instructions on Reverse Side

JUL 27 1988

Peter H. Chapter  
CARLSBAD, NEW MEXICO