

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

SUNDRY NOTICES AND REPORTS ON WELLS

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

SUBMIT IN TRIPLICATE

1. Type of Well
☐ Oil Well ☐ Gas Well ☒ Other

2. Name of Operator

Chevron U.S.A. Inc.

3. Address and Telephone No.

P.O. Box 1150, Midland, TX 79702

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

560' FSL and 660' FWL, Unit M, Sec.14, T-20-S, R-36-E

5. Lease Designation and Serial No.
NM-1151

6. If Indian, Allottee or Tribe Name

7. If Unit or CA. Agreement Designation
Eunice Monument
South Unit - B

8. Well Name and No.

887

9. API Well No.

30-025-31126

10. Field and Pool, or Exploratory Area

Eunice Monument GB/SA

11. County or Parish, State

Lea County, New Mexico

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☐ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other Initial Report of Inj.
Rates and Pressures
- ☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☒ Conversion to Injection
☐ Dispose Water

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

13. 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.)*

Initial report of injection rates and pressures after conversion of well from oil well status to injection well status.

6/5/91 Injection rate after 24 hours of injection was 500 bbls/day water, and injection pressure was 0 psi. Well is on a vacuum.

Adm

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

Signed D.M. Bohon D.M. Bohon

Title Technical Assistant

Date 6/18/91

(This space for Federal or State office use)

Approved by

Conditions of approval, if any:

Title

Date