

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP.  
(Other instructions  
verse side)

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

5. LEASE DESIGNATION AND SERIAL NO.

LC-031740-B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 Injector

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 P, 2970' FSL + 330' FEL

14. PERMIT NO.

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

3556' GL

7. UNIT AGREEMENT NAME

Eunice Monument

South Unit

8. FARM OR LEASE NAME

9. WELL NO.

231

10. FIELD AND POOL, OR WILDCAT

Eunice Monument G-SA

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

Sec. 4, T21S, 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 ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other)

PCLL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON\* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) Converted To Injector ☒

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

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT\* ☐

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.)\*

Cleaned out to total depth 3870'. Acidized perfs from 3639' - 3725' and open hole from 3746' - 3870' with 4000 gals 15% HCL. TIH with 5 1/2 TSN packer on 2 3/8" IPC tubing and set packer at 3603'. Loaded tubing/casing annulus with packer fluid. Test packer to 600 psi for 30 minutes. Notified OCD of test, no witness. Equipped well to inject. Well shut-in pending completion of injection system.

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

SIGNED

W. M. Casey

TITLE Division Proration Engineer

DATE

8/29/86

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

ACCEPTED FOR RECORD

SEP 04 1986

\*See Instructions on Reverse Side

RECEIVED  
SEP 8 1986  
C. C. C.  
HUMAN OFFICE