

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

N.M. OIL CONS. COMMISSION  
1 BOX 1980  
HOBBS, NEW MEXICO 88240

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 deepen or reentry to a different reservoir.

Use "APPLICATION FOR PERMIT-" for such proposals

SUBMIT IN TRIPLICATE

1. Type of well  
☒ Oil ☐ Gas ☐ Other

2. Name of Operator  
CHEVRON U.S.A. INC.

3. Address and Telephone No. (915) 687-7436  
P.O. BOX 1150 MIDLAND, TEXAS 79702 ATTN: NITA RICE

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
SECTION 4, T-21-S, R-36-E  
2200' FSL & 440' FEL  
Q

5. Lease Designation and Serial No.

NM-1151 LC-031746-D

6. If Indian, Allottee or Tribe Name

N/A

7. If Unit or CA, Agreement Designation

EMSU

8. Well Name and No.

EMSU #238

9. API Well No.

30-025-04466

10. Field and Pool, or Exploratory Area

EUNICE MONUMENT

11. County or Parish, State

LEA CO, NEW MEXICO

CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

12	TYPE OF SUBMISSION	TYPE OF ACTION	
	<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
	<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
		<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
		<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
		<input checked="" type="checkbox"/> Other	<input type="checkbox"/> 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 estimate 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.)

WORK PERFORMED 12-28 & 12-29-93  
POH W/RODS & TUBING. NU BOP, ACDZ OH 3748-3860' W/2750 GALS 15% NEFE HCL,  
SWB BACK LOAD. ND BOP, NU WH  
RETURN WELL TO PRODUCTION.  
PRODUCTION BEFORE WORKOVER = 29 BO, 279 BW, 3 MCFFD  
AFTER WORKOVER = 35 BO, 344 BW, 6 MCFFD

ACCEPTED  
J. Lora  
JAN 28 1994

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

Signed Nita Rice NITA RICE Title TECHNICAL ASSISTANT

Date 1/7/94

(This space for Federal or State office use)

Approved by \_\_\_\_\_ Title \_\_\_\_\_  
Conditions of approval, if any:

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.

\*See Instructions on Reverse Side