

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(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 ☐ GAS WELL ☒ OTHER <u>injector</u>	3. LEASE DESIGNATION AND SERIAL NO. LC-031740-B
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 Enuice Monument South
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface	8. FARM OR LEASE NAME
9. WELL NO. 229	10. FIELD AND POOL, OR WILDCAT Enuice Monument
11. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface	12. COUNTY OR PARISH Lea
13. PERMIT NO.	14. STATE NM

Unit N 3300 FSL & 1980 FWL Sec.4 T21S R36E

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	☐	WATER SHUT-OFF	☐
FRACTURE TREAT	☐	FRAC TREATMENT	☐
SHOOT OR ACIDIZE	☐	SHOOTING OR ACIDIZING	☐
REPAIR WELL	☐	(Other) <u>PB zone 6 add perfs acdz</u>	☒
(Other)	☐	(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.)

9/8 to 9/10 RU WL & perf zones 1,2,3, (3646-56,3680-84,3696-3704,3718-22,3726-28,3734-42, 2JHPF 180 deg. Phasing 4" HSC total of 84 holes). Spot sd from 3841 to 3829 capped W/15' hydromite to 3814. Set CIBP @ 3755 cap W/5'cmt. spot 150 gals. 15% NEFE across perfs 3742-3646 Acdz W/1000 gals 15% NEFE HCL dropping 100-.9 SPGR RCNBS .

9/11/89 RIH & D/O cnt & CIBP 3745-3750 & C/O to 3816.

9/12/89 RIH W/tbg. tst ann to 6000 psi. return to prod. for inj.

RECEIVED
SEP 14 11 05 AM '89
CARLOS ARELLANO
SPECS

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

SIGNED <u>M. E. Abner</u>	TITLE <u>Staff Drlg. Engr.</u>	DATE <u>9/13/89</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		