

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE\*  
(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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER WIW		5. 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
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit R, 1980' FSL & 1980' FEL		8. FARM OR LEASE NAME Eunice Monument South Uni
14. PERMIT NO.		9. WELL NO. 239
15. ELEVATIONS (Show whether OF, ST, GL, etc.) 3578' GL		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

18. 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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

(Other) Plugback Grayburg Zone 6 W/OH ☒  
Plr/Cement

(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.)\*

IT IS PROPOSED TO RUN LOG, SQZ ZONE 6 W/CMT, & RTI. PROPOSED NEW PBTD @ 3824'.

RECEIVED  
AUG 10 11:23 AM '90  
O&H  
AREA

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

SIGNED M. E. Adams 6/12/90 TITLE Staff Drlg. Engr. DATE 6-13-90

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE PETROLEUM ENGINEER DATE 6-10-90

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side