Form 3160-5
(November 1983)
(Formerly 9-331)

NITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN ...PLICATE* (Other instructions on reverse 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.)

5. LEASE DESIGNATION AND SERIAL NO.: LC-031740-B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

1. OIL WELL ☐ GAS WELL ☐ OTHER WIW

7. UNIT AGREEMENT NAME: Eunice Monument South

2. NAME OF OPERATOR: Chevron U.S.A. Inc.

8. FARM OR LEASE NAME: Unit

3. ADDRESS OF OPERATOR: P.O. Box 670, Hobbs, New Mexico 88240

9. WELL NO.: 239

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 and 1980' FEL

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

14. PERMIT NO.

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

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:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF	☐	PULL OR ALTER CASING	☐	WATER SHUT-OFF	☐	REPAIRING WELL	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETE	☐	FRACTURE TREATMENT	☐	ALTERING CASING	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☐	SHOOTING OR ACIDIZING	☐	ABANDONMENT*	☐
REPAIR WELL	☐	CHANGE PLANS	☐	(Other)			
(Other) Perf, Acdz Grayburg, Hydromite XX PB Zone G				(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.)*

PERF GB ZONE 1 3628-40, ACDZ GB ZONE 1-5, PLUGBACK GB ZONE 6 WITH HYDROMITE TO REDISTRIBUTE INJECTION WATER.

[redacted]
Adv
[redacted]
[redacted]

RECEIVED

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

SIGNED M. E. Atkins 1/18/90 TITLE Staff Drlg. Engr. DATE 1-18-90

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 1-29-90

CONDITIONS OF APPROVAL, IF ANY:

Subject to
Like Approval
by State

[redacted]

[redacted]

[redacted]

FEB 1 1990

OCD