

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
HOBBS, NEW MEXICO 88240

SUBMIT IN TRIPLIC.
(Other instructions on
reverse side)

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 ☒ <i>W1W</i>	7. UNIT AGREEMENT NAME <i>Eunice Monument South 46</i>
2. NAME OF OPERATOR <i>Chevron U.S.A. Inc.</i>	8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR <i>P.O. Box 670, Hobbs, New Mexico 88240</i>	9. WELL NO. <i>239.65</i>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <i>Unit R 1980' from South & 1980' from the East.</i>	10. FIELD AND POOL, OR WILDCAT <i>Eunice Monument G-5A</i>
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <i>Sec 4-T215-R36E</i>
15. ELEVATIONS (Show whether OF, RT, CR, etc.)	12. COUNTY OR PARISH <i>Dea</i>
	13. STATE <i>NM</i>

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

☐
☐
☐
☐

PULL OR ALTER CASING

☐
☐
☐
☐

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANE

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐
☐
☐
☐

REPAIRING WELL

☐
☐
☐
☐

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other)

Commence water injection

(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.)

Began water injection 11-6-86
Injection Sucking Pressure vacuum
Daily Injection Rate 627 bbls.

ACCEPTED FOR RECORD

SWD
NOV 21 1986

CARLSBAD, NEW MEXICO

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

SIGNED

C. M. Smith

TITLE *NM Area Superintendent*

DATE

11-18-86

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF *SUBJECT TO*

Like Approval
by State

*See Instructions on Reverse Side