

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
N. M. OH-CONS-0001
HOBBS, NEW MEXICO

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 ☒ Injector

2. NAME OF OPERATOR

Chevron U.S.A. Inc.

3. ADDRESS OF OPERATOR

P.O. Box 670, Hobbs, New Mexico 88240

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

14. PERMIT NO.

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

3578' GL

5. LEASE DESIGNATION AND SERIAL NO.

LC031740-B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Eunice Monument

South Unit

8. FARM OR LEASE NAME

9. WELL NO.

239

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 13. STATE

Lea

NM

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 COMPLETION

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other) Converted to injector

(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.)*

Perforated from 3671' - 3784' with 2 - $\frac{1}{2}$ " JHPF. Acidized perms from 3671' - 3784' and open hole from 3800' - 3946' with 4000 gals 15% NEFE HCL. Located casing leak from 3480' - 3512'. Squeezed leak with 200 sacks Class C + 2% CACL2. Drilled out cement and retainer. Test squeeze to 575 psi. TIH with TSN packer and 2 3/8 IPC tubing and set packer at 3519. Test packer to 560 psi for 30 minutes. Loaded tubing/casing annulus with packer fluid. Equipped to inject. Well is CI pending completion of injection system.

ACCEPTED FOR RECORD

Gur
AUG 19 1986

CARLSBAD, NEW MEXICO

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

SIGNED

M. W. Casey

TITLE Division Proration Engineer

DATE 8/11/86

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side