

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(Other instructions on re-

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.)

May 28 11 23 AM '88

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

CARLSBAD BOE
AREA WELL LOGS

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

3261-FNL and 1980 FWL
4620/1

14. PERMIT NO.

15. ELEVATIONS (Show whether OF, XT, CR, etc.)

3557'

5. LEASE DESIGNATION AND SERIAL NO.

LC-031740-B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Eunice Monument South Un.

8. FARM OR LEASE NAME

9. WELL NO.

210

10. FIELD AND POOL, OR WILDCAT

Eunice Monument GB/SA

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 4, T21S, R36E

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:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other) Sqz off wtr influx

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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.)*

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

It is proposed to shut off excessive water production as follows:

POOH w/production equipment. Set CICR at 3766'. Squeeze perms 3770-3807.
WOC, Acidice perms 3650-3762 w/1875 gallons acid w/additives. Swab back
RIH w/production equipment, turn over to production.

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

SIGNED L. K. Elmore

TITLE Drlg. Technical Asst.

DATE 11-28-88

(This space for Federal or State office use)

APPROVED BY JOHN D. ELSON

TITLE

DATE 1-4-89

CONDITIONS OF APPROVAL, IF ANY

*See Instructions on Reverse Side