

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

SUBMIT IN TRIPI
(Other instructions
verse side)

Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

LC 031740-B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Eunice Monument South Unit

8. FARM OR LEASE NAME

9. WELL NO.

210

10. FIELD AND POOL, OR WILDCAT

Eunice Monument

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

Sec 4 T21S R36E

12. COUNTY OR PARISH 13. STATE

Lea

NM

1.

OIL WELL ☒ GAS WELL ☐ OTHER

2. NAME OF OPERATOR

Chevron U.S.A. Inc.

3. ADDRESS OF OPERATOR

P. O. Box 670, Hobbs, NM 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*

See also space 17 below.)
At surface

3261' FNL & 1980' FWL

14. PERMIT NO.

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

3567' DF

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

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☐

PULL OR ALTER CASING

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☐
☐
☐
☐

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐
☐
☐

REPAIRING WELL

☐
☐
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FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other)

(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.)*

Plug back open hole from 3867' - 3810' with Hydromite. Set RBP @ 3745'.

Perforate from 3650' - 3736'. Acidize as necessary. POH with RBP.

Equip well to pump. Return to production.

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

SIGNED

P. H. Bunting Jr.

TITLE

Division Drilling Manager

DATE

4-30-1986

(This space for Federal or State office use)

APPROVED BY

[Signature]

TITLE

DATE

5-7-86

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side