

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or deepen or reentry to a different reservoir.

Use "APPLICATION FOR PERMIT-" for such proposals

SUBMIT IN TRIPLICATE

1. Type of well  
☐ Oil ☐ Gas ☒ Other INJECTOR

2. Name of Operator  
CHEVRON U.S.A. INC.

3. Address and Telephone No.  
P. O. Box 1150, Midland, TX 79702 (915)687-7148

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
660' FSL & 660' FEL UNIT X  
SEC, 4, T21S, R36E

N.M. Oil Cons  
P.O. Box 1980  
Hobbs, NM 88241

5. Lease Designation and Serial No.  
LC-031740-B

6. If Indian, Allottee or Tribe Name  
N/A

7. If Unit or CA, Agreement Designation  
EUNICE MONUMENT SOUTH UNIT

8. Well Name and No.  
261WIW

9. API Well No.  
30-025-04471

10. Field and Pool, or Exploratory Area  
EUNICE MONUMENT;GB-SA

11. County or Parish, State  
LEA, NM

CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

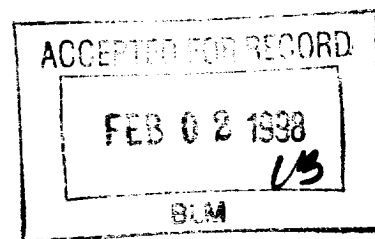
12 TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other PERFD, ACZD, SQZD	<input type="checkbox"/> Dispose Water

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

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimate 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.)

POH W/INJ EQPT. PERFD 3736'-3776' W/3 JHPF. PICKLED TBG @ 3730' W/500 GALS 15%. ISOLATED CSG LEAK @ 12'; REPAIRED CSG RISER & TBG HANGER. INSTALLED RISER & HANGER, FILLED CELLAR; TSTD CSG 500#-OK. ACZD PERFS & OH W/3000 GALS 15% RS II; DUMPED 1500# SAND, TAGGED @ 3731'. SET CIBP 3725'. SET CICR @ 3611'; TSTD TBG 2000#. PPD 200 SX CL "C"; SQZD 120 SX IN FORM. DO CIBP & CMT TO 3723'; PRESS TST SQZ 500 PSI. DO CIBP & CLEANED OUT TO 3838'. RIH W/INJ TBG & PKR; SET PKR @ 3615'. RETURNED WELL TO INJECTION.

WORK PERFORMED 11/24/97 - 12/9/97



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

Signed G.K. Ripley Title T. A. Date 1/19/98

(This space for Federal or State office use)

Approved by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
Conditions of approval, if any: \_\_\_\_\_

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JUN 22 1964

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