

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP
(Other instruction
verse side)

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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> INJECTOR	7. UNIT AGREEMENT NAME Eunice Monument South Unit
2. NAME OF OPERATOR Chevron U.S.A. Inc.	8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR P.O. Box 670, Hobbs, New Mexico 88240	9. WELL NO. 201
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface UNIT F 1944' FNL ; 1980' FWL 5940/8	10. FIELD AND POOL, OR WILDCAT Eunice-Monument (G-SA)
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 4-T21S-R36E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3543' GL	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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Convert to Injector</u>	<input checked="" type="checkbox"/>
(Other) <input type="checkbox"/>		(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.)*

CLEANED OUT WELL TO TD @ 3860'. Run GR/CNL/CCL log from 3858' - 3000'. ACIDIZE OPEN HOLE FROM 3746' - 3860' w/ 3000 GALS 15% NEFE HCL ACID. GIH w/ BAKER TSN PKR ON 2 3/8" 4.7 #/ft J-55 IPC TBG. SET PKR @ 3676'. LOAD TBG/CSG ANNULUS w/ INHIBITED PKR. FLUID AND TEST TO 650PSI for 30 min. HELD OK, (CHART ATT'D). WELL CI pending completion of injection system. Will file 3160-5 to report stabilized injection rate when well is active.

ACCEPTED FOR RECORD

SWD
AUG 19 1986

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

SIGNED

MW Casey

TITLE

Division Proration Engineer

DATE

7/31/86

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

Subject to
Like Approval
by State

*See Instructions on Reverse Side