

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 1004-013
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 WIW

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 J, 3233' FNL and 1980' FEL
4620/2

14. PERMIT NO. _____

16. ELEVATIONS (Show whether of, ft., cm, etc.) _____

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
Eunice Monument South Unit

9. WELL NO.
209

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 Lea 13. STATE NM

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) Hydromite PB Zone 6

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	☐	REPAIRING WELL	☐
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.)

PLUGBACK GB ZONE 6 WITH HYDROMITE TO REDISTRIBUTE INJECTION WATER.

RECEIVED
JAN 22 3 42 PM '90

[Redacted signature area]

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

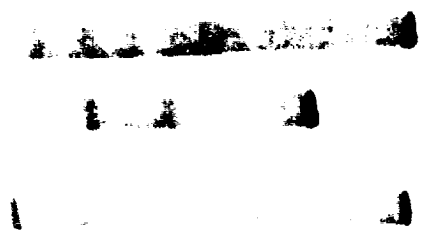
SIGNED M. E. Akim 1/18/90 TITLE Staff Drlg. Engr. DATE 1-18-90

(This space for Federal or State office use)
Signed by Channon J. Shaw

APPROVED BY _____ TITLE PETROLEUM ENGINEER DATE 1-28-90

CONDITIONS OF APPROVAL, IF ANY: _____

Subject to
Like Approval
by State



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FEB 1 1990

CCC
HOLDS OFFICE