Form 3160-5 November 1983) Formerly 9-331) DEPAI	UN ED STATES		IP .TE*	Expire	es August	No. 1004-0 31. 1985	
BUF	RTMEN (OF THE IN REAU OF LAND MANAGE	EMERITO. BOX 1980		5. LEASE DI	ESIGNATION	AND BERIAL I	KO.
			0 8824	0 6. IF INDIAL	HU D		ME
(Do not use this form for n	OTICES AND REPORT roponals to drill or to deepen or LICATION FOR PERMIT—" for	alian bash ta alimit a		,		. OR TRIBE MA	1916 - 2 - 1 - 1
A	. Injector			7. UNIT AGE Eunice	Monumen	x= it South	—— Uni
NAME OF OPERATOR				8. FARM OR			
hevron U.S.A. Inc.							
P.O. Box 670, Hobbs, New Mexico 88240 4. Location of Well (Report location clearly and in accordance with any State requirements.*				9. WELL NO. 209			
See also space 17 below.) At surface	on clearly and in accordance wil	th any State requirements.*		10. FIELD AT Eunice			¢∌ ∖
Unit J, 4620' FSL & 1980' FEL				11. SBC. T. E. M. OB BLK. AND BURYBY OB ARBA Sec. 4, T21S, R36E			
-				Sec. 4,	1215,	K30E	··.,
PERMIT NO.	15. ELEVATIONS (Show when 3562 GL	ther DF, ET, GR, etc.)		12. COUNTY Lea	OR PARISH	13. STATE NM	
Check	Appropriate Box To Indice	te Nature of Nation Pro				141-1	
NOTICE OF IN	TENTION TO :			ther Data			• .
TEST WATER SHUT-OFF	PELL OR ALTER CASING	W1775 SUGE	·	-		[1	
FRACTURE TREAT	MULTIPLE COMPLETE	WATER SHUT-OFF FRACTURE TREATM	(ENT		EPAIRING WI		
SHOOT OF ACIDIZE	ABANDON*	SHOOTING OR ACI			LTERING CAS		
REPAIR WELL	CHANGE PLANS			o Injec	tor		
(Other)				of multiple co tion Report at			
proposed work. If well is dire nent to this work.)* eaned out to 3871*.	Perforated 3675 -	socations and measured and t 3695 (12 holes).	Acidize	ncluding estin depths for a	mated date ill markers i 1000 ga	of starting a and zones pe	ny rti-
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Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.