

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT TRIPLICATE*
(Other instructions on re-
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 ☐ GAS WELL ☐ OTHER ☒ W/W SJS	3. LEASE DESIGNATION AND SERIAL NO. LC-031740-B
2. NAME OF OPERATOR Chevron U.S.A. Inc.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 670, Hobbs, New Mexico 88240	7. UNIT AGREEMENT NAME Punice Monument South Unit
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Unit H, 1913' FNL and 660' FEL	8. FARM OR LEASE NAME
14. PERMIT NO.	9. WELL NO. 203
15. ELEVATIONS (Show whether OF, RT, CR, etc.)	10. FIELD AND POOL, OR WILDCAT
	11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA Sec 4, T21S, R36E
	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 ☐	PULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETION ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANS ☐	(Other) ☐	(Other) ☐

(Other) Run CNL log/Hydromite PB Zone 6 ☒ (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.)

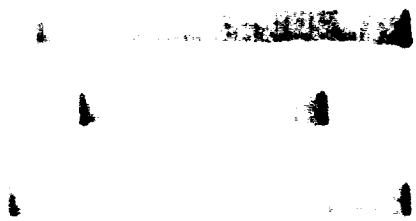
PLUGBACK GB ZONE 6 WITH HYDROMITE TO REDISTRIBUTE INJECTION WATER.

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

SIGNED <u>M. E. Abim</u> 1/18/90	TITLE <u>Staff Drlg. Engr.</u>	DATE <u>1-18-90</u>
(This space for Federal or State office use)		
APPROVED BY <u>Orig. Sig.</u>	TITLE <u>PETROLEUM ENGINEER</u>	DATE <u>1-28-90</u>
CONDITIONS OF APPROVAL, IF ANY:		

Subject to
Like Approval
by State

RECEIVED



RECEIVED

FEB 1 1990

OCD
HOBBS OFFICE