

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
NEW MEXICO 88

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 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, NM 88240 | 9. WELL NO. 203 |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 5940/2 Unit H 1913' FNL & 660' FEL | 10. FIELD AND POOL, OR WILDCAT Eunice Monument |
| 14. PERMIT NO. | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 4, T21S, R36E |
| 15. ELEVATIONS (Show whether DF, RT, OR, etc.) 3525' 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:

| | |
|--|---|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | MULTIPLE COMPLETE <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | ABANDON* <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> |
| (Other) Deepen and convert to injector <input checked="" type="checkbox"/> | |

SUBSEQUENT REPORT OF:

| | |
|--|--|
| WATER SHUT-OFF <input type="checkbox"/> | REPAIRING WELL <input type="checkbox"/> |
| FRACTURE TREATMENT <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input 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.)*

Deepen hole from 3835' to 3870'. Acidize well as necessary. Equip well for injection. Test casing, packer, and tubing to 500 psi for 30 minutes. Return well to production as an injector.

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

SIGNED P. H. Bullock Jr. TITLE Division Drilling Manager DATE 7-7-1986
(This space for Federal or State office use)

APPROVED BY Chas. S. Dutton TITLE Chas. S. Dutton DATE 7-14-86
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side