TO AL CAND 12/4 CORODONIAL STATE UN D STATES DEPARTN T OF THE INTERIOR BUREAU .. LAND MANAGEMENT

OMB No. 1004-0135 Expires November 30, 2000
7 500

SUNDRY NOTICES AND REPORTS ON WELLS							5. Lease Serial No.			
Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.						LC-031740-B 6. If Indian, Allottee or Tribe Name				
abandoned M	eli. Use Form 3160-3 (AF	זסז (טי	such prop	osals.			ш, л	nouse of THOS Mam	e	
SUBMIT IN TRIPLICATE - Other instructions on reverse side						7. If Unit or CA/Agreement, Name and/or No.				
1. Type of Well						Eunice Monument South Unit				
Oil Well Gas Well Other							8. Well Name and No.			
2. Name of Operator							230			
Chevron USA, Inc.							9. API Well No.			
3a. Address 3b. Phone No. (include area code)							30-025-04478			
15 Smith RD. Midland, TX 79705 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)						10. Field	10. Field and Pool, or Exploratory Area			
		n)				Eunice	Mo	nument Gray	bura, S.	
U.L.O. 3300 S 1980 E Sec. 4 TS 21-S R 36-E						11. County or Parish, State Lea, NM				
	PPROPRIATE BOX(ES) T	O IND	ICATE NA	ATTIDE	OF NOTICE I	4				
TYPE OF SUBMISSION	TROTRIAL BOX(ES) I	OIND	ACATE NA			REPORT, O	RO	THER DATA		
	<u> </u>			TIPE	OF ACTION					
Notice of Intent	Acidize	_	еереп		Production (Sta	rt/Resume)				
Öre	Alter Casing Casing Repair		racture Treat lew Constructi	<u> </u>	Reclamation		0	Well Integrity		
M Subsequent Report	Change Plans	_	lug and Abanc		Recomplete		U	Other		
Final Abandonment Notice	Convert to Injection	_	lug Back		Temporarily All Water Disposal	Dandon				
. Spot 25sx plug fi . Spot 65sx plug fi	#LF 9.5# Brine w/25 \$\frac{1}{2600-2400(B-salt)}\$ \$\frac{1}{7}\frac{1}{5}\f) Shoe,' 3/4 :	T_cal+)	Tax (a)	1210			29 20 20 20 20 20 20 20 20 20 20 20 20 20		
. Instant dry note	marker 11-04-02	?								
								င		
	A-							U :		
wast	e up	Appr	oved as to	plugging	well bo	et		47		
Approved Liability un surface re			lity under be	ond is re						
Matter 1		84 [(?)	ica restorati	en is c	Colated_					
I hereby certify that the foregoing	is true and correct									
Name (Printed/Typed)			Tiele		/	_				
Jimmy BAGO	1		Title	MAL	PAGER /	SUNSET				
Signature /			Date	11-0	4-02					
ADER	THIS SPACE FO	OR FE	DERAL OR	STATE	OFFICE USE					
oved by	7.17			Title						
litions of approval, if any, are at fy that the applicant hordwegal h would entitle the applicant to co	tached Approval of this notice of equitable title to those rights nduct operations thereon.	does no	ot warrant or subject lease	Office		Da				
				<u></u>	·	·				
: 18 U.S.C. Section 1001 and Titles any false, fictitious of fraudules	statements or representations as	t a crime to any n	e for any perso natter within it	on knowin ts jurisdict	gly and willfully to	make to any	depar	tment or agency of	he United	
	Marie Vallation Laboratory			<u></u>						