

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
HOBBS, NEW MEXICO 88240

SUBMIT IN TRIPL  
(Other instructions  
reverse 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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> <u>W/W</u>	7. UNIT AGREEMENT NAME <u>Eulene Monument South 46</u>
2. NAME OF OPERATOR <u>Chevron U.S.A. Inc.</u>	8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR <u>P.O. Box 670, Hobbs, New Mexico 88240</u>	9. WELL NO. <u>181</u>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <u>Sec 4-T215-R36E</u> <u>Unit B, 1/4 It from the North &amp; 1980' from the East.</u> <u>660</u>	10. FIELD AND POOL, OR WILDCAT <u>Eulene Monument G-54</u>
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 4, T215, R36E</u>
15. ELEVATIONS (Show whether DF, RT, CR, etc.)	12. COUNTY OR PARISH <u>Dea</u>
	13. STATE <u>NM</u>

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) <input 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 checked="" type="checkbox"/> <u>Commence water injection</u>	

(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.)\*

Began water injection 11-6-86  
Injection tubing pressure - vacuum  
Daily Injection Rate 615 bbls

ACCEPTED FOR RECORD

SWQ  
NOV 21 1986

CARLSBAD, NEW MEXICO

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

SIGNED C. L. L. L.

TITLE NM Area Superintendent

DATE 11-18-86

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

Subject to  
Like Approval  
by State

\*See Instructions on Reverse Side