

Form 3160-5 (June 1990)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

FORM APPROVED Budget Bureau No. 1004-0135 Expires: March 31, 1993

| 5. | Lease | Designa | tion : | and | Serial | No |
|----|-------|---------|--------|-----|--------|----|
| | 11 | · Č3 | 11 | 11 | 11 | 2 |
| | んし | ・ヘン | / / | 7 | (· : | 7 |

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.

6. If Indian, Allottee or Tribe Name

| Use "APPLICATION FO | R PERMIT—" for such proposals | | | | | |
|------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|--|--|--|--|
| SUBMIT | 7. If Unit or CA, Agreement Designation EUNICE MONUMENT | | | | | |
| 1 Type o: Well | South Unit. | | | | | |
| Well Gas Woll Other IN ECTOR | 8. Well Name and No. | | | | | |
| 2 Name of Operator ChEURON USA INC | | 9. API Well No. | | | | |
| 3 Address and Telephone No | | 30-025-04557 | | | | |
| P.O. Box 1150 Mialana Tx 7 | 10. Field and Pool, or Exploratory Area | | | | | |
| 4 Location of Well (Footage, Sec., T., R., M., or Survey D | EUNICE MONUMENT (18) | | | | | |
| 660 FSL & 1980 FWL | 11. County or Parish, State | | | | | |
| Unit N SEC 8 Tals R36E | | LEA NM | | | | |
| 12 CHECK APPROPRIATE BOX(| s) TO INDICATE NATURE OF NOTICE, REP | PORT, OR OTHER DATA | | | | |
| TYPE OF SUBMISSION | TYPE OF SUBMISSION TYPE OF ACTIO | | | | | |
| Notice of Intent | Abandonmen ¹ | Change of Plans | | | | |
| | Recompletion | New Construction | | | | |
| Subsequent Report | ☐ Plugging Back ☐ Casing Repair | Non-Routine Fracturing Water Shut-Off | | | | |
| Final Abandonment Notice | Altering Casing | Conversion to Injection | | | | |
| | Othe: | Dispose Water | | | | |
| | | (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) | | | | |
| give subsurface locations and measured and true verti | ill pertinent details, and give pertinent dates, including estimated date of st cal depths for all markers and zones pertinent to this work.)* | | | | | |
| C- 2212 103/11" CSC /5 | AK TENTATIVE PROGRAM | × 0-5 . C 1/- | | | | |
| REPAIR 1079 CSY. 16 | AN TENTATIVE PROGRAMIT | 3 016 04 746 | | | | |
| tollowing. | | | | | | |
| | | | | | | |
| ETAMENACAD 392 ODWA | 103/4 × 13/8 OR PERT | 5/2 + 75/8 CSG | | | | |
| BRADENHEAD SQZ DOWN 103/4 x 75/8 OR PERF 51/2 + 75/8 CSq + SQZ. TEST AND RETURN to production. | | | | | | |
| | | | | | | |
| | | 7 P. 171 | | | | |
| | | iii a | | | | |
| | | m G | | | | |
| | | Ca Ca | | | | |
| | | € | | | | |
| | | ₩ 8 | | | | |
| | | <u> 2</u> | | | | |
| 14 I hereby certify that the foregoing is true and correct | | 21 -10. | | | | |
| Signed C. C. Too. | Title T.A. Dolg. | Date 415141 | | | | |
| (This space for Federal or State office use) | | 5 21 91 | | | | |
| Approved by Conditions of approval, if any: | Title | Date | | | | |
| | | | | | | |