

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
SUBMIT IN TRIPL
(Other instructions
verse side)

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 ☒ <i>W/W</i>	7. UNIT AGREEMENT NAME <i>Eunice Monument South 46</i>
2. NAME OF OPERATOR <i>Chevron U.S.A. Inc.</i>	8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR <i>P.O. Box 670, Hobbs, New Mexico 88240</i>	9. WELL NO. <i>326 WT</i>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <i>Unit L, 1980' from the South & 460' from the West</i>	10. FIELD AND POOL, OR WILDCAT <i>Eunice Monument G-54</i>
14. PERMIT NO.	11. SEC. T. R. M. OR BLK. AND SURVEY OR AREA <i>Sec 8-T 215-R 36E</i>
15. ELEVATIONS (Show whether DF, RT, GL, etc.)	12. COUNTY OR PARISH <i>Dea</i>
	13. STATE <i>NM</i>

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	☐	PULL OR ALTER CASING	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETE	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☐
REPAIR WELL	☐	CHANGE PLANS	☐
(Other)			

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	☐	REPAIRING WELL	☐
FRACTURE TREATMENT	☐	ALTERING CASING	☐
SHOOTING OR ACIDIZING	☐	ABANDONMENT*	☐
(Other) <i>Commence water injection</i>	☒		

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 Sucking Pressure vacuum
Daily Injection Rate 626 bbls.

ACCEPTED FOR RECORD

SWD
NOV 21 1986

CARLSBAD, NEW MEXICO

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

SIGNED *U. M. Amos*

TITLE *NM Area Superintendent*

DATE *11-18-86*

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY

TITLE

DATE

Subject to
Like Approval
by State

*See Instructions on Reverse Side