Formerly 9-331)

DEPARTMENT OF THE INTERIOR (verse side)
BUREAU OF LAND MANAGEMENT

5. LEASE DESIGNATION AND SERIAL NO.

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.)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

1. OIL WELL ☐ GAS WELL ☐ 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.: 326

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface

Unit L, 1980 FSL & 660 FWL

10. FIELD AND POOL, OR WILDCAT: Eunice Monument G/SA

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: Sec 8 T21S R36E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 3604' 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:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF	☐	PULL OR ALTER CASING	☐	WATER SHUT-OFF	☐	REPAIRING WELL	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETE	☐	FRACTURE TREATMENT	☐	ALTERING CASING	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☐	SHOOTING OR ACIDIZING	☐	ABANDONMENT*	☐
REPAIR WELL	☐	CHANGE PLANS	☐				
(Other) Deepen and convert to injection	☐			(Other)			

(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.)*

Clean out to TD @ 3914. Deepen well from 3914' to 4034'. Log well. Add additional Grayburg perforations as logs indicate. Acidize as necessary. Equip for injection. Test casing, packer, and tubing to 500 psi for 30 minutes. Return to production as an injector.

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

SIGNED _____ TITLE Division Drilling Manager DATE 9-15-86

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side