DEPARTMEN	TED STATES NT OF THE INTERIOR LAND MANAGEMENT	FORM APPROVED Budget Bureau No. 1004-0135 Expires: March 31, 1993 5. Lease Designation and Serial No.
Do not use this form for proposals to di	AND REPORTS ON WELLS ill or to deepen or reentry to a different reservoir. R PERMIT—" for such proposals	6. If Indian, Allottee or Tribe Name
SUBMIT IN TRIPLICATE		7. If Unit or CA, Agreement Designation
Oil Gas Well Guter Injector		Eunice Monument South Unit
2. Name of Operator Chevron U.S.A. Inc.	20 20 C	8. Well Name and No.
3. Address and Telephone No.		9. API Well No. 30-025-04560
P.O. Box 1150, Midland, TX 7 4 Location of Well (Footage, Sec., T., R., M., or Survey D	9702	10. Field and Pool, or Exploratory Area
	Contraction of the second seco	Eunice Monument GB/SA 11. County or Parish, State
1980' FNL and 1980' FWL, Unit Sec. 8, T-21S, R-36E	A F	
	s) TO INDICATE NATURE OF NOTICE, REPOI	Lea County, New Mexico
TYPE OF SUBMISSION	TYPE OF ACTION	
Notice of Intent		
XX Subsequent Report	Recompletion	Change of Plans
	Casing Repair	Non-Routine Fracturing Water Shut-Off
Final Abandonment Notice	Altering Casing	Conversion to Injection
	X Other Initial report of Rat	(Note: Report results of multiple completion on Well
<ol> <li>Describe Proposed or Completed Operations (Clearly state all give subsurface locations and measured and true vertic.</li> </ol>	pertinent details, and give pertinent dates, including estimated date of starting al depths for all markers and zones pertinent to this work.)*	Completion or Recompletion Report and Log form.) any proposed work. If well is directionally drilled,
	ates and pressures after workover (po	lymer squeeze).
	24 hours of infection was 432 bbls/d	
	65	
14. I hereby certify that the foregoing is true and correct		
Signed SCH. John D. M. Bohon	Tile Technical Assistant	
(This space for Federal or State office use)		Date
Approved by Conditions of approval, if any:	Title	Date
Title 18 U.S.C. Section 1001, makes it a crime for any person k or representations as to any matter within its invision	nowingly and willfully to make to any department or agency of the United S	itates any false, fictitious or fraudulent statements
	*See Instruction on Reverse Side	

