(June 1990)	160-5 UNITED STATES DEPARTMENT OF THE INTERIOR		FORM APPROVED
	BUREAU OF LAND MANAGEMENT	-	Budget Bureau No. 1004-0135 Expires: March 31, 1993 5. Lease Designation and Serial No.
SUNDRY NOTICES AND REPORTS ON WELLS			$\mathcal{L}C-03/740-R$
and use this form for p	Proposals to drill or to deepen or reent PLICATION FOR PERMIT—" for such p		6. If Indian, Allottee or Tribe Name
	SUBMIT IN TRIPLICATE		7. If Unit or CA, Agreement Designation
1. Type of Well Oil Gas Well Well Other INJECTOR 2. Name of Operator		EUNICE MONUMENT South	
			8. Well Name and No.
Cheuron USA INC 3. Address and Telephone No. POBA USA Michae Traditional Control of the Contro			9. API Well No.
P.O. Box 1150 Mio/AND TX 79702 Attn: Rm4111 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)			10. Field and Pool, or Exploratory Area
1980 FNL ¥ 1980 FWL		Elwice Manument 6/	
SEC 8 TAIS R36E Unit E ² CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPOR			LEA NM
TYPE OF SUBMISSIO	RIATE BUX(S) TO INDICATE NATU	IRE OF NOTICE, REPOR	T, OR OTHER DATA
	TYPE OF ACTION		
	Abandonme		Change of Plans
Subsequent Report			New Construction
Einel there is a set	Casing Repa	air	Non-Routine Fracturing Water Shut-Off
Final Abandonment Notice	tice Altering Cas	sing	Conversion to Injection
	Other		Dispose Water
Describe Proposed or Completed Operation	ons (Clearly state all pertinent details, and give pertinent da ared and true vertical depths for all markers and zones pe		(Note: Report results of multiple completion on Well
KL Polymer 40 Polymer 25 661:	300 90/5 15% ACD'Z 10 66/5 2.5 #BB/ XL 1 5 NON XI POlyMER.	26 66/5 FW. Dolymer 51 66	100 66/s 2 ⁴ /BBL s 3 ⁴ /BBL X1
	her		
		$\sum_{i=1}^{N} \mathbf{h}_{i}$	
I hereby certify that the foregoing in true a	ja ^{r - j}		
I hereby certify that the foregoing is true a Signed	and correct Title T.A. Dela		Date 4/19/91
Signed 2. O - Worker (This space for Federal or State office use) Approved by	and correct Title T.A. Dela		Date 4/19/91
Signed 2. O - Worker (This space for Federal or State office use) Approved by Conditions of approval, if any:	and correct Title T.A. Dele Title	9	Date
Signed 2. O - Worker (This space for Federal or State office use) Approved by Conditions of approval, if any:	and correct Title T.A. Dele Title	9	Date
Signed 2. O - Worker (This space for Federal or State office use) Approved by Conditions of approval, if any:	and correct Title T.A. Dela	G lepartment or agency of the United States	Date