

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPI
(Other instructions
verse side)

Form approved.
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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>INJECTOR</u>		7. UNIT AGREEMENT NAME <u>Eunice Monument South Unit</u>
2. NAME OF OPERATOR <u>Chevron U.S.A. Inc.</u>		8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR <u>P.O. Box 670, Hobbs, New Mexico 88240</u>		9. WELL NO. <u>340</u>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <u>660' FSL & 1980' FWL</u>		10. FIELD AND POOL, OR WILDCAT <u>Eunice-Monument (G-SA)</u>
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec 9-T21S-R36E</u>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>3596' GE</u>		12. COUNTY OR PARISH <u>LEA</u>
		13. STATE <u>NM</u>

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
(Other) ☐

PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
ABANDON* ☐
CHANGE PLANE ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) DEEPEMED & CONVERTED TO INJECTOR ☒
(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☐

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.)

DEEPEMED WELL TO TD OF 3943'. RAN CNL/CCL/GR LOG.
ACIDIZED OPEN HOLE FROM 3743-3943' w/ 5000 GALS 15% NEFE
HCL ACID. GIH w/ BAKER TSN PAKER ON 2 3/8" IPC INJ. Tbg.
SET @ 3685'. LOAD CS6/TBG ANNULUS w/ INHIBITED PKR.
FLUID & TEST TO 500 PSI FOR 30 min. HELD OK. WELL IS CI
PENDING COMPLETION OF INJECTION SYSTEM.

ACCEPTED FOR RECORD

Jur
AUG 19 1986

CARLSBAD, NEW MEXICO

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

SIGNED

M. W. Casey

TITLE Division Proration Engineer

DATE

7/31/86

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

Subject to
Like Appr.

*See Instructions on Reverse Side

RECEIVED
AUG 20 1986
O.C.C.
HOBBS OFFICE