

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

(Other instructions on reverse side)

Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

LC-031740-B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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

2. NAME OF OPERATOR

Chevron U.S.A. Inc.

3. ADDRESS OF OPERATOR

P. O. Box 670, Hobbs, NM 88240

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

660' FSL + 1980' FNL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, OR, etc.)

3596 CE

7. UNIT AGREEMENT NAME

Eunice Monument
South Unit

8. FARM OR LEASE NAME

9. WELL NO.

340

10. FIELD AND POOL, OR WILDCAT

Eunice Monument G-SA

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 9, T. 15, R. 36 E

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:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANE

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other) Change Operator & Lease Name

(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.)*

Former Operator: Conoco

Former Lease Name & Well No.: Meyer B-9 #3

Status Of Well X Active

TA

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

SIGNED

M. W. Casey

TITLE Division Proration Engr.

DATE 2-18-86

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

JUN 17 1986

*See Instructions on Reverse Side

CARLSBAD, NEW MEXICO

RECEIVED
JUN 23 1986
O.C.S.
HOBBS OFFICE